

Job
GENE SNYDER USCH & FED BLDG
601 WEST BROADWAY
LOUISVILLE, KY 40202

Contractor
LANDMARK SPRINKLER, INC.
2317 FRANKFORT COURT
LEXINGTON, KY 40510

Customer
LANDMARK II-CONTRACTS
LOUISVILLE, KY

Job Number: 141103L
Week Ending: 4/10/2015

Name / Address	Sec Class	Sec No. Emp.	Hours Worked This Job							Pay Rate	Gross Pay This Job All Jobs	Deductions			Check #
			04/05 Mon	04/07 Tue	04/08 Wed	04/09 Thu	04/10 Fri	04/04 Sat	04/05 Sun			Fed State	Fica Med	Local Other	
	Regular	Hours													
	Overtime	Pay													
		0.00													
		0.00													
		0.00													

I, BRIDGETTE SMITH (name of signatory part), Payroll Clerk, (Title)
do hereby state:

1] That I pay or supervise the payment of the persons employed by
[LANDMARK SPRINKLER, INC.] on the GENE SNYDER USCH & FED BLDG that during the payroll period commencing
on
4/4/2015 and ending 4/10/2015, all persons employed on said project have
been paid the full weekly wages earned, that no rebates have been or will
be made either directly or indirectly to or on behalf of said LANDMARK SPRINKLER, INC.
(Subcontractor) from the full weekly wages earned by any person and that no
deductions have been made either directly or indirectly from the full wages
earned by any person, other than permissible deductions as defined in
Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor
under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat.
967; 76 Stat. 357; 40 U.S.C. 276c), and described below:
FICA, FEDERAL, STATE, AND LOCAL TAXES
OTHER: UNIFORMS, UNION DUES, INSURANCE, ETC.

2] That any payrolls otherwise under this contract required to be
submitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into
the contract; that the classifications set forth therein for each laborer
or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly
registered in a bona fide apprenticeship program registered with a State
apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship
and Training, United States Department of Labor.

4] That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR
PROGRAMS
XX---In addition to the basic hourly wage rates paid to each laborer
or mechanic listed in the above referenced payroll, payments of fringe
benefits as listed in the contract have been or will be made to appropriate
programs for the benefit of such employees, except as noted in Section 4(c)
below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH
---Each laborer or mechanic listed in the above referenced payroll
has been paid, as indicated on the payroll, an amount not less than the sum
of the applicable basic hourly wage rate plus the amount of the required
fringe benefits as listed in the contract, except as noted in Section 4(c)
below.

(c) EXCEPTION (CRAFT) EXPLANATION

REMARKS

Fringe benefits are paid to National Automatic Sprinkler Industry Fringe Benefit Funds,
8000 Corporate Drive, Landover, Maryland 20785-2239

Name and title signature
BRIDGETTE SMITH/PAYROLL CLERK
The Willful Falsification Of Any Of The Above
Statements May Subject The Contractor Or SubContractor To Civil Or
Criminal Prosecution. See Section 1001 Of Title 18 And Section
231 Of Title 31 Of The United States.

NO. 20

LANDMARK SPRINKLER, INC.

(b) (6)

4.14.15

DATE

RECEIVED

APR 20 2015

DAVID CONSTRUCTION, INC.

RUN DATE 04/07/15 14:42:15

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/05/15

PAGE

1

USER EMP SECURITY TYPE:

all

EMPLOYEE (b) (4) M/S EX
FEDERAL ID (b) (4)

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

YORK, JONATHAN P

(b) (6)

(b) (6)

EMPLOYEE NO:

(b) (6)

CHECK: 60241

UNION:

SKILL LEVEL: 2Q

TRADE	03/30	03/31	04/01	04/02	04/03	04/04	04/05	----- THIS JOB -----	HRS THIS CHECK	37.25	
	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	
05 LABORER	R	00.00	00.00	00.00	00.00	05.25	00.00	00.00	005.25	18.570	97.49
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00	(b) (6)
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00	(b) (6)
								=====			
								005.25		97.49	

TOTAL COMPANY FRINGES NOT IN PAY

242.63

RUN DATE 04/07/15 14:42:15
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 04/05/15

PAGE 2

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX
FEDERAL ID (b) (4)
JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX
DEWEY, MAHLON D (b) (6)
(b) (6) EMPLOYEE NO: (b) (6) CHECK: 60244

UNION:
SKILL LEVEL: 2Q

		03/30	03/31	04/01	04/02	04/03	04/04	04/05	-----	THIS JOB	-----	HRS THIS CHECK	44.00
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)	
05	LABORER	R	00.00	00.00	00.00	00.00	01.00	00.00	00.00	001.00	24.150	24.15	
05	LABORER	O	00.00	00.00	00.00	00.00	04.00	00.00	00.00	004.00	36.225	144.90	
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.225	0.00	
									=====	=====			
									005.00		169.05		

TOTAL COMPANY FRINGES NOT IN PAY (b) (6)

RUN DATE 04/07/15 14:42:15
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 04/05/15

PAGE 3

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB:	10.25
GROSS THIS JOB:	266.54
GROSS ALL CHECKS:	0.00
REIMBURSABLE ALL CHECKS:	0.00
FRINGES PAID TO EMPLOYEE:	0.00
ETC ALL CHECKS:	0.00
FED WITHHOLD ALL CHECKS:	0.00
FICA 1 ALL CHECKS:	0.00
FICA 2 ALL CHECKS:	0.00
STATE WITHHOLD ALL CHECKS:	0.00
LOCAL WITHHOLD ALL CHECKS:	0.00
OTHER DEDUCTIONS ALL CHECKS:	0.00
TOTAL DEDUCTIONS ALL CHECKS:	0.00
NET ALL CHECKS:	0.00

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(b) (6)

OF COMPLIANCE

DATE

I,

HK

DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 30TH DAY OF MARCH 2015 AND ENDING ON THE 5TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

RUN DATE 04/21/15 06:50:21

COINS PAYROLL MODULE

PAGE 3

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 04/19/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

		04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05 LABORER	R	00.00	00.00	02.25	00.00	00.00	00.00	00.00	002.25	18.570	41.78			27.25
05 LABORER	O	00.00	00.00	01.50	00.00	00.00	00.00	00.00	001.50	27.855	41.78			540.64
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			
									=====		=====			
									003.75		83.56			

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

(b) (6)

(b) (6)

UNION:

SKILL LEVEL: 2Q

		04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05 LABORER	R	00.00	00.00	02.00	01.75	00.00	00.00	00.00	003.75	18.570	69.65			37.00
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			743.47
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			
									=====		=====			
									003.75		69.65			

RUN DATE 04/21/15 06:50:21

DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 04/19/15

PAGE 4

USER EMP SECURITY TYPE: all

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

(b) (6)

(b) (6)

UNION:

SKILL LEVEL: 2Q

TRADE		04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05	LABORER	R	00.00	00.25	03.00	01.50	00.00	00.00	00.00	004.75	18.570	88.21		43.00
05	LABORER	O	00.00	01.75	00.75	00.00	00.00	00.00	00.00	002.50	27.855	69.64		802.44
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		
									=====		=====			
									007.25		157.85			

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

RUN DATE 04/21/15 06:50:21

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/19/15

PAGE 5

USER EMP SECURITY TYPE: all

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

(b) (6)

(b) (6)

UNION:

SKILL LEVEL: 2Q

TRADE		04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05	LABORER	R	08.00	00.00	07.00	08.00	06.50	00.00	00.00	029.50	18.570	547.82		29.50
05	LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		547.82
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		
									=====					
									029.50			547.82		

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

(b) (6)

(b) (6)

UNION:

SKILL LEVEL: 2Q

TRADE		04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
09	TRADESMAN-BRICKLAYER	R	00.00	00.00	00.00	00.00	06.25	00.00	00.00	006.25	24.820	155.13		29.25
09	TRADESMAN-BRICKLAYER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00		635.93
09	TRADESMAN-BRICKLAYER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00		
12	CEMENT MASON	R	08.00	00.00	00.00	08.00	00.00	00.00	00.00	016.00	21.300	340.80		
12	CEMENT MASON	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	31.950	0.00		
12	CEMENT MASON	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	31.950	0.00		
05	LABORER	R	00.00	00.00	07.00	00.00	00.00	00.00	00.00	007.00	20.000	140.00		
05	LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	30.000	0.00		
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	30.000	0.00		
									=====					

RUN DATE 04/21/15 06:50:21

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/19/15

PAGE 6

USER EMP SECURITY TYPE: all

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

029.25

635.93

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

(b) (6)

UNION:

SKILL LEVEL: 2Q

	04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05 LABORER	R 00.00	02.25	02.00	02.50	00.00	00.00	00.00	006.75	18.570	125.35			54.75
05 LABORER	O 00.00	01.75	01.25	00.00	00.00	00.00	00.00	003.00	27.855	83.57			870.31
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			
								=====		=====			
								009.75		208.92			

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

RUN DATE 04/21/15 06:50:21

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/19/15

PAGE 7

USER EMP SECURITY TYPE: all

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

TRADE	04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS	THIS CHECK	
	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05 LABORER	R	00.00	00.00	02.00	04.50	00.00	00.00	00.00	006.50	24.150	156.97		53.00
05 LABORER	O	00.00	00.00	00.25	00.00	00.00	00.00	00.00	000.25	36.225	9.06		1436.92
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.225	0.00			
								=====		=====			
								006.75		166.03			

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

JOB TOTALS

HOURS THIS JOB: 90.00

GROSS THIS JOB: 1,869.76

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

STATEMENT OF COMPLIANCE

DATE: 04/21/15

I, Kim Holobaugh

CEO

DO HEREBY STATE:

(NAME OF SIGNATORY PARTY)

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 13TH DAY OF APRIL 2015 AND ENDING ON THE 19TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

~~IN~~ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)
NAME AND TITLE Kim Holobaugh	
CEO	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF THE UNITED STATES CODE. TITLE 31

RUN DATE 04/14/15 15:28:37

COINS PAYROLL MODULE

PAGE 3

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 04/12/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

	04/06	04/07	04/08	04/09	04/10	04/11	04/12	-----	THIS JOB	-----	HRS	THIS CHECK	
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05 LABORER	R	12.50	00.00	00.00	00.00	00.00	00.00	012.50	18.570	232.13			29.00
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			479.63
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			
								=====		=====			
								012.50		232.13			

TOTAL COMPANY FRINGES NOT IN PAY 193.84

(b) (6)

UNION:

SKILL LEVEL: 2Q

	04/06	04/07	04/08	04/09	04/10	04/11	04/12	-----	THIS JOB	-----	HRS	THIS CHECK	
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
05 LABORER	R	07.75	07.50	08.00	07.00	05.00	00.00	035.25	18.570	654.59			43.75
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			838.64
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00			
								=====		=====			
								035.25		654.59			

RUN DATE 04/14/15 15:28:37

COINS PAYROLL MODULE

PAGE 4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 04/12/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

TOTAL COMPANY FRINGES NOT IN PAY 303.94

(b) (6)

UNION:

SKILL LEVEL: 2Q

	04/06	04/07	04/08	04/09	04/10	04/11	04/12	-----	THIS JOB	-----	HRS	THIS CHECK	
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	
12 CEMENT MASON	R 07.50	07.50	08.00	06.75	05.00	00.00	00.00	034.75	21.300	740.18			36.00
12 CEMENT MASON	O 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	31.950	0.00			765.18
12 CEMENT MASON	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	31.950	0.00			
								=====		=====			
								034.75		740.18			

TOTAL COMPANY FRINGES NOT IN PAY (b) (6)

JOB TOTALS

HOURS THIS JOB: 82.50

GROSS THIS JOB: 1,626.90

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

STATEMENT OF COMPLIANCE

DATE: 04/14/15

I, Tina Mann, Controller DO HEREBY STATE:
 (NAME OF SIGNATORY PARTY) (TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 6TH DAY OF APRIL 2015 AND ENDING ON THE 12TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

SIG (b) (6)

Tina Mann Controller

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 02/10/15 12:06:19
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/08/15

PAGE 1

USER EMP SECURITY TYPE: all

79 total hours worked

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

MIMMS, JIMMIE T (b) (6) CHECK: 58012

(b) (6)

UNION:

SKILL LEVEL: 2Q

	02/02	02/03	02/04	02/05	02/06	02/07	02/08	-----	THIS JOB	-----	HRS THIS CHECK	35.00
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)	
05 LABORER	R 05.50	07.75	07.25	08.50	06.00	00.00	00.00	035.00	18.570	649.95		
05 LABORER	O 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		
								=====		=====		
								035.00		649.95		

TOTAL COMPANY FRING

POSTED

RUN DATE 02/10/15 12:06:19
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/08/15

PAGE 2
USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

SILLINGS, JONATHAN H (b) (6) CHECK: 58013
(b) (6)

UNION:
SKILL LEVEL: 2Q

		02/02	02/03	02/04	02/05	02/06	02/07	02/08	----- THIS JOB -----	HRS THIS CHECK	36.00
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS G
09	TRADESMAN-BRICKLAYER R	08.00	08.00	05.00	09.00	06.00	00.00	00.00	036.00	24.820	893.52 E
09	TRADESMAN-BRICKLAYER O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00 E
09	TRADESMAN-BRICKLAYER D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00 E
									=====	=====	4
									036.00	893.52 S	

TOTAL COMPANY FRINGE

RUN DATE 02/10/15 12:06:19
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/08/15

PAGE 3
USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

MITCHELL, WINSTON H (b) (6) CHECK: 58040
(b) (6)

UNION:
SKILL LEVEL: 2Q

		02/02	02/03	02/04	02/05	02/06	02/07	02/08	----- THIS JOB -----	HRS THIS CHECK	39.25
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
04	IRONWORKER	R	08.00	00.00	00.00	00.00	00.00	00.00	008.00	26.470	211.76
04	IRONWORKER	O	00.00	00.00	00.00	00.00	00.00	00.00	000.00	39.705	0.00
04	IRONWORKER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	39.705	0.00
		=====								=====	211.76
										008.00	

TOTAL COMPANY FRINGES NOT IN PAY (b) (6)

RUN DATE 02/10/15 12:06:19

COINS PAYROLL MODULE

PAGE 4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB: 79.00

GROSS THIS JOB: 1,755.23

GROSS ALL CHECKS: 2,505.23

(b) (6)

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

STATEMENT OF COMPLIANCE

DATE (b) (6)

I, _____

HR

DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF FEBRUARY 2015 AND ENDING ON THE 8TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

I REM (b) (6)	
I NAM	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

STATEMENT OF COMPLIANCE

DATE (b) (6)

HA

DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF MARCH 2015 AND ENDING ON THE 8TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

POSTED

THE WILLFUL MISCLASSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 03/10/15 13:06:15

COINS PAYROLL MODULE

PAGE

1

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 03/08/15

USER EMP SECURITY TYPE:

all

FEDERAL ID:

(b) (4)

US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

RUN DATE 03/24/15 17:00:07

COINS PAYROLL MODULE

PAGE

1

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

FEDERAL ID:

(b) (4)

US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

POSTED

STATEMENT OF COMPLIANCE

DATE: (b) (6)

I, _____

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF MARCH 2015 AND ENDING ON THE 22TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

THE CONTRACTOR OR SUBCONTRACTOR

TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 03/03/15 15:39:48

COINS PAYROLL MODULE

PAGE

1

DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/01/15

USER EMP SECURITY TYPE: all

FEDERAL ID: (b) (4)

US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

POSTED

STATEMENT OF COMPLIANCE

(b) (6)

DATE

I,



DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF FEBRUARY 2015 AND ENDING ON THE 1ST DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS	
(b) (6)	

THE _____ OR OR SUBCONTRACTOR

TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

STATEMENT OF COMPLIANCE

DATE: 03/23/15

(b) (6)

I, _____

HK

DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF MARCH 2015 AND ENDING ON THE 29TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

POSTED

REMARKS
(b) (6)

NAME

THE W

TO CI

OF THE UNITED STATES CODE.

FOR OR SUBCONTRACTOR

TITLE 31

COINS PAYROLL MODULE

RUN DATE 03/31/15 13:33:50

1

CERTIFIED WH-347 REPORT

DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE: all

FEDERAL ID:

(b) (4)

US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT CONTRACT: 5

NO HOURS REPORTED FOR THIS PAY PERIOD

RUN DATE 04/21/15 06:50:21

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/19/15

PAGE 1

USER EMP SECURITY TYPE: all

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S. EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

			04/13	04/14	04/15	04/16	04/17	04/18	04/19	-----	THIS JOB	-----	HRS THIS CHECK	
			MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS THIS CHECK	
02	TRADESMAN-CARPENTER	R	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	24.000	0.00		51.00
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	03.00	00.00	003.00	36.000	108.00		1356.00
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
										=====		=====		
										003.00		108.00		

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

JOB TOTALS

HOURS THIS JOB: 3.00

GROSS THIS JOB: 108.00

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

STATEMENT OF COMPLIANCE

DATE: 04/21/15

I, Kim Holobaugh
(NAME OF SIGNATORY PARTY)

CEO

DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 13TH DAY OF APRIL 2015 AND ENDING ON THE 19TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

~~---~~ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	(b) (6)
NAME AND TITLE Kim Holobaugh CEO	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 100 OF TITLE 31 OF THE UNITED STATES CODE.

TRACTOR OR SUBCONTRACTOR
OF TITLE 31

RUN DATE 04/14/15 15:28:37

COINS PAYROLL MODULE

PAGE 1

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 04/12/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

		04/06	04/07	04/08	04/09	04/10	04/11	04/12	----- THIS JOB -----	HRS THIS CHECK	46.75
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS GRSS THIS CHECK 1203.00
08 HOD CARRIER	R	00.00	00.00	00.00	02.00	00.00	00.00	00.00	002.00	24.000	48.00
08 HOD CARRIER	O	00.00	00.00	00.00	01.25	00.00	00.00	00.00	001.25	36.000	45.00
08 HOD CARRIER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00
									=====	=====	
									003.25		93.00

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

JOB TOTALS

HOURS THIS JOB: 3.25

GROSS THIS JOB: 93.00

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

STATEMENT OF COMPLIANCE

DATE: 04/14/15

I, (b) (6), Controller DO HEREBY STATE:
 (NAME OF SIGNATORY PARTY) (TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 6TH DAY OF APRIL 2015 AND ENDING ON THE 12TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 03/31/15 13:33:34

COINS PAYROLL MODULE

PAGE 1

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE M/S EX

GREENWELL, GARRETT A

(b) (6)

CHECK: 60200

(b) (6)

UNION:

SKILL LEVEL: 2Q

	03/23	03/24	03/25	03/26	03/27	03/28	03/29	-----	THIS JOB	-----	HRS	THIS CHECK	46.00
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS CHECK	939.57
05 LABORER	R 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	18.570	0.00	(b) (6)		
05 LABORER	O 00.00	00.00	00.00	00.00	00.00	06.00	00.00	006.00	27.855	167.13	(b) (6)		
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00	(b) (6)		
								=====		=====	(b) (6)		
								006.00		167.13	(b) (6)		

TOTAL COMPANY FRINGE

29.5 total hours worked

RUN DATE 03/31/15 13:33:34

COINS PAYROLL MODULE

PAGE 2

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MIMMS, JIMMIE T (b) (6) CHECK: 60205

(b) (6)

UNION:

SKILL LEVEL: 2Q

TRADE	03/23	03/24	03/25	03/26	03/27	03/28	03/29	----- THIS JOB -----	HRS THIS CHECK	55.50
	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R	00.00	00.00	02.75	00.00	00.00	00.00	002.75	18.570	51.07
05 LABORER	O	00.00	00.00	00.00	00.00	08.25	00.00	008.25	27.855	229.80
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
								=====	=====	
								011.00		280.87

TOTAL COMPANY FRINGE

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MITCHELL, WINSTON H (b) (6)

(b) (5) CHECK: 60216

UNION:

SKILL LEVEL: 2Q

		03/23	03/24	03/25	03/26	03/27	03/28	03/29	-----	THIS JOB	-----	HRS THIS CHECK	57.50
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)	
02	TRADESMAN-CARPENTER	R	01.50	00.00	02.75	00.00	00.00	00.00	004.25	24.000	102.00	(b) (6)	
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	08.25	00.00	008.25	36.000	297.00	(b) (6)	
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00	(b) (6)	
=====										=====		(b) (6)	
										012.50	399.00	(b) (6)	

TOTAL COMPANY FRINGE

RUN DATE 03/31/15 13:33:34

COINS PAYROLL MODULE

PAGE

4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB:	29.50
GROSS THIS JOB:	847.00
GROSS ALL CHECKS:	939.57
REIMBURSABLE ALL CHECKS:	0.00
FRINGES PAID TO EMPLOYEE:	0.00
EIC ALL CHECKS:	0.00
FED WITHHOLD ALL CHECKS:	104.34
FICA 1 ALL CHECKS:	57.74
FICA 2 ALL CHECKS:	13.50
STATE WITHHOLD ALL CHECKS:	47.41
LOCAL WITHHOLD ALL CHECKS:	7.49
OTHER DEDUCTIONS ALL CHECKS:	21.36
TOTAL DEDUCTIONS ALL CHECKS:	251.84
NET ALL CHECKS:	687.73

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

STATEMENT OF COMPLIANCE

DATE: (b) (6)

I, _____

HK

DO HEREBY STATE:

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF MARCH 2015 AND ENDING ON THE 29TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

POSTED

REMARKS

(b) (6)

NAM

THE WH... TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 02/09/15 12:08:39

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 01/25/15

PAGE

1

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

PHIPPS, JAMES C

(b) (6)

CHECK: 57718

POSTED

UNION:

SKILL LEVEL: 2Q

TRADE		01/19	01/20	01/21	01/22	01/23	01/24	01/25	----- THIS JOB -----		
		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
02	TRADESMAN-CARPENTER	R	06.00	03.00	03.00	00.00	00.00	00.00	00.00	012.00	25.000 300.00
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500 0.00
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500 0.00
05	LABORER	R	02.50	05.00	00.00	00.00	00.00	00.00	00.00	007.50	25.000 187.50
05	LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500 0.00
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500 0.00
									=====	=====	
									019.50		487.50

TOTAL COMPANY FRING

50.50 total hours worked

RUN DATE 02/09/15 12:08:39

COINS PAYROLL MODULE

PAGE

2

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 01/25/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MIMMS, JIMMIE T (b) (6) CHECK: 57724
(b) (6)

UNION:

SKILL LEVEL: 2Q

		01/19	01/20	01/21	01/22	01/23	01/24	01/25	-----	THIS JOB	-----	HRS THIS CHECK	40.25
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS THIS CHECK	749.77
05 LABORER	R	02.00	00.00	00.00	00.00	00.00	00.00	00.00	002.00	18.570	37.14	(b) (6)	
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00		
									=====		=====		
									002.00		37.14		

TOTAL COMPANY FRING

RUN DATE 02/09/15 12:08:39

COINS PAYROLL MODULE

PAGE 3

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 01/25/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MITCHELL, WINSTON H

(b) (6)

CHECK: 57754

(b) (6)

UNION:

SKILL LEVEL: 2Q

			01/19	01/20	01/21	01/22	01/23	01/24	01/25	----- THIS JOB -----	HRS THIS CHECK	39.50		
TRADE			MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GROSS THIS CHECK	959.12
02	TRADESMAN-CARPENTER	R	08.00	08.00	01.75	03.00	06.75	00.00	00.00	027.50	24.000	660.00	(b) (6)	
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
05	LABORER	R	01.50	00.00	00.00	00.00	00.00	00.00	00.00	001.50	24.000	36.00		
05	LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
										=====		=====		
										029.00		696.00		

TOTAL COMPANY FRINGE

RUN DATE 02/09/15 12:08:39

COINS PAYROLL MODULE

PAGE

4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 01/25/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB: 50.50

GROSS THIS JOB: 1,220.64

GROSS ALL CHECKS: 2,546.39

REIMBURSABLE ALL CHECKS: 0.00

FRINGES PAID TO EMPLOYEE: 0.00

EIC ALL CHECKS: 0.00

(b) (6)

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

STATEMENT OF COMPLIANCE

DATE (b) (6)

I, _____

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 19TH DAY OF JANUARY 2015 AND ENDING ON THE 25TH DAY OF JANUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

ACTOR OR SUBCONTRACTOR

TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 02/17/15 12:38:08

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 02/15/15

PAGE

1

USER EMP SECURITY TYPE:

all

5.00 total hours worked

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE M/S EX

MITCHELL, WINSTON H

(b) (6)

CHECK: 58140

UNION: 2Q

SKILL LEVEL:

		02/09	02/10	02/11	02/12	02/13	02/14	02/15	-----	THIS JOB	-----	HRS THIS CHECK	28.00
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (5)	
02	TRADESMAN-CARPENTER	R	00.00	05.00	00.00	00.00	00.00	00.00	00.00	005.00	24.000	120.00	
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00	
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00	
									=====		=====		
									005.00		120.00		

TOTAL COMPANY FRING

POSTED

RUN DATE 02/17/15 12:38:08
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/15/15

PAGE 2

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB:	5.00
GROSS THIS JOB:	120.00
GROSS ALL CHECKS:	0.00
REIMBURSABLE ALL CHECKS:	0.00
FRINGES PAID TO EMPLOYEE:	0.00
EIC ALL CHECKS:	0.00
FED WITHHOLD ALL CHECKS:	0.00
FICA 1 ALL CHECKS:	0.00
FICA 2 ALL CHECKS:	0.00
STATE WITHHOLD ALL CHECKS:	0.00
LOCAL WITHHOLD ALL CHECKS:	0.00
OTHER DEDUCTIONS ALL CHECKS:	0.00
TOTAL DEDUCTIONS ALL CHECKS:	0.00
NET ALL CHECKS:	0.00

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

STATEMENT OF COMPLIANCE

DATE: (b) (6)

I, _____

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 9TH DAY OF FEBRUARY 2015 AND ENDING ON THE 15TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

~~X~~ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

THE CONTRACTOR OR SUBCONTRACTOR
TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31
OF THE UNITED STATES CODE.

RUN DATE 02/24/15 15:00:37

COINS PAYROLL MODULE

PAGE 1

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 02/22/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

33 total hours worked

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

BEUMEL, DANIEL A (b) (6) CHECK: 58185

(b) (6)

UNION:

SKILL LEVEL: 2Q

		02/16	02/17	02/18	02/19	02/20	02/21	02/22	----- THIS JOB -----	WRS THIS CHECK	21 25
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROS
05 LABORER	R	00.00	00.00	07.75	05.50	06.00	00.00	00.00	019.25	18.570	357.4
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.0
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.0
									=====	=====	
									019.25		357.4

TOTAL COMPANY FRI

POSTED

RUN DATE 02/24/15 15:00:37

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 02/22/15

PAGE

2

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE M/S EX

MIMMS, JIMMIE T

(b) (6)

CHECK: 58211

(b) (6)

UNION:

SKILL LEVEL: 2Q

TRADE	02/16	02/17	02/18	02/19	02/20	02/21	02/22	----- THIS JOB -----	HRS THIS CHECK	22.75
	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R	00.00	00.00	00.00	00.00	04.00	00.00	004.00	18.570	74.28
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
								=====	=====	
								004.00		74.28

TOTAL COMPANY FRIN

RUN DATE 02/24/15 15:00:37
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/22/15

PAGE 3

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MITCHELL, WINSTON H (b) (6) CHECK: 58225
(b) (6)

UNION:
SKILL LEVEL: 2Q

	02/16	02/17	02/18	02/19	02/20	02/21	02/22	----- THIS JOB -----	HRS THIS CHECK	33.75
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R 00.00	00.00	07.75	02.00	00.00	00.00	00.00	009.75	24.000	234.00
05 LABORER	O 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00
								=====	=====	
								009.75		234.00

TOTAL COMPANY PRINC

RUN DATE 02/24/15 15:00:37

COINS PAYROLL MODULE

PAGE

4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 02/22/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB: 33.00

GROSS THIS JOB: 665.76

GROSS ALL CHECKS: 1,853.59

REIMBURSABLE ALL CHECKS: 0.00

FRINGES PAID TO EMPLOYEE: 0.00

BIC ALL CHECKS: 0.00

(b) (6)

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(b) (6)

MENT OF COMPLIANCE

DATE

I,

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF FEBRUARY 2015 AND ENDING ON THE 22TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

REMARKS

NAME AND

THE WILLFUL

TO CIVIL

OF THE UNITED STATES CODE.

CONTRACTOR

RUN DATE: 02/10/15 12:06:49

COINS PAYROLL MODULE

PAGE

1

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE:

all

FEDERAL ID: (b) (6)

GSA EGRESS STAIR

JOB: 13-015

GSA EGRESS STAIR

CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

POSTED

I, _____ DO HEREBY STATE:
(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF FEBRUARY 2015 AND ENDING ON THE 8TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)	
---------	--

THE CONTRACTOR OR SUBCONTRACTOR
TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31
OF THE UNITED STATES CODE.

RUN DATE 03/10/15 13:06:31

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 03/08/15

PAGE

1

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

46 total hours worked

EMPLOYEE M/S EX

BEUMEL, DANIEL A

(b) (6)

CHECK: 60037

(b) (6)

UNION:

SKILL LEVEL: 2Q

	03/02	03/03	03/04	03/05	03/06	03/07	03/08	----- THIS JOB -----	HRS THIS CHECK	40.75
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R 00.00	00.00	00.00	00.00	00.00	00.00	04.00	004.00	18.570	74.28
05 LABORER	O 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
								=====	=====	
								004.00		74.28

TOTAL COMPANY FRINGE

POSTED

RUN DATE 03/10/15 13:06:31

COINS PAYROLL MODULE

PAGE 2

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/08/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (6)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MIMMS, JIMMIE T

(b) (6)

CHECK: 60050

UNION:

SKILL LEVEL: 2Q

		03/02	03/03	03/04	03/05	03/06	03/07	03/08	----- THIS JOB -----	HRS THIS CHECK	41.75
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R	00.00	01.25	05.50	05.75	07.00	03.75	00.00	023.25	18.570	431.76
05 LABORER	O	00.00	01.25	00.00	00.00	00.00	00.50	00.00	001.75	27.855	48.75
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
									=====	=====	
									025.00		480.51

TOTAL COMPANY FRINGE

RUN DATE 03/10/15 13:06:31

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 03/08/15

PAGE 3

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX

FEDERAL ID: (b) (6)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MITCHELL, WINSTON H (b) (6) CHECK: 60060

(b) (6)

UNION:

SKILL LEVEL: 2Q

			03/02	03/03	03/04	03/05	03/06	03/07	03/08	-----	THIS JOB	-----	HRS	THIS CHECK	51.75
TRADE			MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)		
02	TRADESMAN-CARPENTER	R	00.00	03.50	00.00	00.00	00.00	00.00	00.00	003.50	24.000	84.00			
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00			
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00			
05	LABORER	R	00.00	00.00	00.00	05.75	01.00	00.00	00.00	006.75	24.000	162.00			
05	LABORER	O	00.00	00.00	00.00	00.00	02.00	00.00	04.75	006.75	36.000	243.00			
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00			
										=====		=====			
										017.00		489.00			

TOTAL COMPANY FRING

RUN DATE 03/10/15 13:06:31

COINS PAYROLL MODULE

PAGE 4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/08/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

EMPLOYEE (b) (6) M/S EX
FEDERAL ID: (b) (6)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB: 46.00

GROSS THIS JOB: 1,043.79

GROSS ALL CHECKS: 1,567.83

REIMBURSABLE ALL CHECKS: 0.00

(b) (6)

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

STATEMENT OF COMPLIANCE

DATE:

(b) (6)

I, _____

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF MARCH 2015 AND ENDING ON THE 8TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

RE	
NAM	

THE W
TO CIV
OF THE UNITED STATES CODE.

TRACTOR OR SUBCONTRACTOR
OF TITLE 31

RUN DATE 03/03/15 16:06:02

COINS PAYROLL MODULE

PAGE

1

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/01/15

USER EMP SECURITY TYPE: all

Louisville, KY 40210

FEDERAL ID: (b) (4)

GSA EGRESS STAIR

JOB: 13-015

GSA EGRESS STAIR

CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

POSTED

(b) (6)

STATEMENT OF COMPLIANCE

DATE

I,

HR
(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF FEBRUARY 2015 AND ENDING ON THE 1ST DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

THE SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 03/24/15 16:59:49

COINS PAYROLL MODULE

PAGE

1

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

19.50 total hours worked

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE M/S EX

MIMMS, JIMMIE T

(b) (6)

CHECK: 60175

POSTED

UNION:

SKILL LEVEL: 2Q

	03/16	03/17	03/18	03/19	03/20	03/21	03/22	----- THIS JOB -----	HRS THIS CHECK	50.00
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS (b) (6)
05 LABORER	R 00.00	00.00	00.00	02.00	00.00	00.00	00.00	002.00	18.570	37.14
05 LABORER	O 00.00	00.00	00.00	00.00	00.00	07.25	00.00	007.25	27.855	201.95
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
								=====	=====	
								009.25		239.09

TOTAL COMPANY FRING

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

STILLINGS, JONATHAN H (b) (6)

CHECK: 60176

(b) (6)

UNION:

SKILL LEVEL: 2Q

	03/16	03/17	03/18	03/19	03/20	03/21	03/22	----- THIS JOB -----	HRS THIS CHECK	47.75
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS GRS THIS CHECK 1032.50
05 LABORER	R	00.00	00.00	00.00	00.00	00.00	00.00	000.00	20.000	0.00
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	07.25	00.00	007.25	30.000 217.50
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	000.00	30.000	0.00
								=====	=====	
								007.25		217.50

(b) (6)

TOTAL COMPANY FRIN

RUN DATE 03/24/15 16:59:49

COINS PAYROLL MODULE

PAGE

3

DAVIP CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE;

all

Louisville, KY 40210

EMPLOYEE

(b) (4)

(b) (6)

FEDERAL ID:

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MITCHELL, WINSTON H

(b) (6)

CHECK: 60184

UNION:

SKILL LEVEL: 2Q

	03/16	03/17	03/18	03/19	03/20	03/21	03/22	----- THIS JOB -----	HRS THIS CHECK	42.75
TRADE	MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R 00.00	00.00	00.00	02.00	00.00	00.00	00.00	002.00	24.000	48.00
05 LABORER	O 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00
05 LABORER	D 00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00
								=====	=====	
								002.00		48.00

TOTAL COMPANY FRING

RUN DATE 03/24/15 16:59:49

COINS PAYROLL MODULE

PAGE

4

DAVID, CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (6)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB:

18.50

GROSS THIS JOB:

504.59

GROSS ALL CHECKS:

3,149.93

REIMBURSABLE ALL CHECKS:

0.00

FRINGES PAID TO EMPLOYEE:

0.00

(b) (6)

*** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

STATEMENT OF COMPLIANCE

DATE

(b) (6)

I, _____

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF MARCH 2015 AND ENDING ON THE 22TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

TH
TO
OF

THE CONTRACTOR OR SUBCONTRACTOR
SECTION 231 OF TITLE 31

RUN DATE 01/14/15 11:11:42

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 01/11/15

PAGE

1

USER EMP SECURITY TYPE:

all

74.5 total hours worked

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE M/S EX

BEUMEL DANIEL A (b) (6)

(b) (6)

CHECK: 57512

POSTED

UNION:

SKILL LEVEL: 2Q

TRADE		01/05	01/06	01/07	01/08	01/09	01/10	01/11	----- THIS JOB -----	HRS THIS CHECK	35.25
		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R	02.00	00.00	07.75	04.00	02.00	08.00	00.00	023.75	18.570	441.04
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
02 TRADESMAN-CARPENTER	R	05.00	00.00	00.00	00.00	00.00	00.00	00.00	005.00	22.900	114.50
02 TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	34.350	0.00
02 TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	34.350	0.00
=====										028.75	555.54

TOTAL COMPANY FRING

PHIPPS JAMES C (b) (6)

(b) (6)

CHECK: 57522

UNION:

SKILL LEVEL: 2Q

TRADE		01/05	01/06	01/07	01/08	01/09	01/10	01/11	----- THIS JOB -----	HRS THIS CHECK	31.25
		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS
05 LABORER	R	00.00	08.00	08.00	01.25	00.00	00.00	00.00	017.25	25.000	431.25
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500	0.00
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500	0.00
02 TRADESMAN-CARPENTER	R	00.00	00.00	00.00	06.00	00.00	08.00	00.00	014.00	25.000	350.00

RUN DATE 01/14/15 11:11:42
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.
Louisville, KY 40210

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 01/11/15

PAGE 3

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

MITCHELL, WINSTON H

(b) (6)

CHECK: 57557

(b) (6)

UNION:

SKILL LEVEL: 2Q

		01/05	01/06	01/07	01/08	01/09	01/10	01/11	----- THIS JOB -----	HRS THIS CHECK	41.25		
TRADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS THIS CHECK	1005.00
05 LABORER	R	00.00	00.00	00.00	00.00	00.00	01.00	00.00	001.00	24.000	24.00	(b) (6)	
05 LABORER	O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
05 LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
02 TRADESMAN-CARPENTER	R	00.00	00.00	00.00	00.00	00.00	07.00	02.00	009.00	24.000	216.00		
02 TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	01.25	001.25	36.000	45.00		
02 TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
									=====				
									011.25		285.00		

TOTAL COMPANY PRIN

RUN DATE 01/14/15 11:11:42

COINS PAYROLL MODULE

PAGE

4

DAVID CONSTRUCTION, INC.

CERTIFIED WH-347 REPORT

1330 W. Breckinridge St.

FOR PAY PERIOD ENDING 01/11/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

EMPLOYEE M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015 GSA EGRESS STAIR

EMPLOYEE M/S EX

JOB TOTALS

HOURS THIS JOB: 74.50

GROSS THIS JOB: 1,682.15

GROSS ALL CHECKS: 3,067.42

REIMBURSABLE ALL CHECKS: 0.00

(b) (6)

** TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(b) (6)

STATEMENT OF COMPLIANCE

(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 5TH DAY OF JANUARY 2015 AND ENDING ON THE 11TH DAY OF JANUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

(4) THAT:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

20.44 total hours worked

PAYROLL (FL INTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802										ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214									
PAYROLL NO. 10					PERIOD BEGIN 02/23/2015 PERIOD END 03/01/2015					PROJECT AND LOCATION US Marshall					PROJECT OR CONTRACT NO. 1407W				
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE								(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS	(9) CHECK NO. NET WAGES PAID FOR WEEK				
			Sun	Mon	Tue	Wed	Thu	Fri	Sat										
			01	23	24	25	26	27	28										
HOURS WORKED EACH DAY																			
DAUGHERTY, NICHOLAS		Plumber	O																
(b) (6)			S		2.11							2.11	32.00	67.52		723.17			
KILKELLY, NICHOLAS		Laborer	O																
(b) (6)			S		1.50							1.50	18.57	27.86		503.54			
PERSON, MARVIN		Plumber	O																
(b) (6)			S		8.60							8.60	32.00	275.20		560.21			
VOGEL, BRANDON		Laborer	O																
(b) (6)			S		8.23							8.23	18.57	152.83		421.97			
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

O = Overtime
S = Straight Time

POSTED

Date
(b) (6)

3/6/15

payroll
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by C Squared
rlnc on the US Marshall
(Contractor or subcontractor) (Building or work)

Project; that during the payroll period commencing on the 23rd
day of Feb year 2015 and ending the 1st day of March year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

C Squared rlnc
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

(b) (6)

SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION
231 OF TITLE 31 OF THE UNITED STATES CODE.

55.31 total hours worked

PAYROLL (F ONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802										ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214									
PAYROLL NO. 9					PERIOD BEGIN 02/16/2015 PERIOD END 02/22/2015					PROJECT AND LOCATION US Marshall					PROJECT OR CONTRACT NO. 1407W				
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. NET WAGES PAID FOR WEEK	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED W/H	STATE TAXES	OTHER	OTHER		TOTAL
			22	16	17	18	19	20	21										
HOURS WORKED EACH DAY																			
PERSON, MARVIN (b) (6)	(b) (6)	Plumber	O									48.00	895.36	(b) (6)					RDPE
		S			8.13	8.27	7.30	4.28		27.98	32.00	974.21	7.77						
VOGEL, BRANDON (b) (6)	(b) (6)	Laborer	O									27.86	507.51	(b) (6)					RDPE
		S			7.75	7.85	6.83	4.90		27.33	18.57	507.51	5.30						
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

POSTED

O = Overtime
S = Straight Time

Date 2/27/15
(b) (6)

Payroll
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by C Squared Inc. on the US Marshall
(Contractor or subcontractor) (Building or work)

project; that during the payroll period commencing on the 16th
day of Feb. year 2015 and ending the 22nd day of Feb. year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

C Squared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Debbie Grassman / Payroll

(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION
231 OF TITLE 31 OF THE UNITED STATES CODE.

62.25 total hours worked

PAYROLL (FC CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802					ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214														
PAYROLL NO. 8			PERIOD BEGIN 02/09/2015 PERIOD END 02/15/2015							PROJECT AND LOCATION US Marshall			PROJECT OR CONTRACT NO. 1407W						
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. ----- NET WAGES PAID FOR WEEK	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED W/H	STATE TAXES	OTHER	OTHER		TOTAL
			15	09	10	11	12	13	14										
HOURS WORKED EACH DAY																			
PERSON, MARVIN (b) (6)	(b) (6)	Plumber	O										48.00	1039.36	(b) (6)				
		S		5.51	7.92	7.62	8.85	2.58		32.48	32.00	1148.80							
VOGEL, BRANDON (b) (6)		Laborer	O										27.86	552.83	(b) (6)				
		S		5.50	7.37	7.03	8.62	1.25		29.77	18.57	552.83							
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

POSTED

O = Overtime
S = Straight Time

Date
(b) (6)

2/20/15

payroll
(Title)

(1) That I pay or supervise the payment of the persons employed by

rluc.

on the

C Squared
US Marshall

(Contractor or subcontractor)

(Building or work)

project; that during the payroll period commencing on the 9th day of Feb. year 2015 and ending the 13th day of Feb. year 2015 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

C Squared rluc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

SIGNATURE

Debbie Grassman / payroll Debbie Grassman

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

32.25 total hours worked

PAYROLL (F ONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802				ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214																			
PAYROLL NO. 7				PERIOD BEGIN 02/02/2015 PERIOD END 02/08/2015				PROJECT AND LOCATION US Marshall				PROJECT OR CONTRACT NO. 1407W											
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS						(9) CHECK NO. NET WAGES PAID				
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL					
			08	02	03	04	05	06	07														
HOURS WORKED EACH DAY																							
(b) (6)	(b) (6)	Labourer	O																				
			S		7.85	8.98	7.30	8.12				32.25	18.57	598.88									
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				

POSTED

O = Overtime
S = Straight Time

Date

2/13/15

(b) (6)

Payroll
(Title)

(1) That I pay or supervise the payment of the persons employed by

2 Inc.

on the

US Marshall

(Contractor or subcontractor)

(Building or work)

project

; that during the payroll period commencing on the

8th

day of Feb. year 2015 and ending the 8th day of Feb. year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

CSquared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948; 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

SIG

Debbie Grossman Payroll

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION,
231 OF TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

49.07 total hours worked

PAYROLL (FC CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802										ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214													
PAYROLL NO. 60					PERIOD BEGIN 01/26/2015 PERIOD END 02/01/2015					PROJECT AND LOCATION US Marshall					PROJECT OR CONTRACT NO. 1407W								
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. ----- NET WAGES PAID FOR WEEK					
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED W/H	STATE TAXES	OTHER	OTHER		TOTAL				
			01	26	27	28	29	30	31														
HOURS WORKED EACH DAY																							
MAYO, JOSE		Laborer	O									27.86	164.90										
(b) (6)	S				6.25		2.63			8.88	18.57	482.11											
PERSON, MARVIN		Plumber	O								48.00	288.00											
(b) (6)	S				6.32		2.68		9.00	32.00	1127.83												
VOGEL, BRANDON		Laborer	O								27.86	579.20											
(b) (6)	S			6.98	8.12		8.17	7.92	31.19	18.57	579.20												
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				
			O																				
			S																				

POSTED

O = Overtime
S = Straight Time

Date
(b) (6)

2/16/15

Payroll
(Title)

(1) That I pay or supervise the payment of the persons employed by C Squared
Inc. on the US Marshall
(Contractor or subcontractor) (Building or work)

Project; that during the payroll period commencing on the 12th
day of Jan. year 2015 and ending the 1st day of Feb. year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

C Squared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Debbie Grassman / Payroll

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
231 OF TITLE 31 OF THE UNITED STATES CODE.

60.43 total hours worked

PAYROLL (FC CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802										ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214											
PAYROLL NO. 5				PERIOD BEGIN 01/19/2015 PERIOD END 01/25/2015						PROJECT AND LOCATION US Marshall Cellhouse				PROJECT OR CONTRACT NO. 1407W							
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION		(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. ----- NET WAGES PAID FOR WEEK -----		
				Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED W/H	STATE TAXES	OTHER	OTHER		TOTAL	
				25	19	20	21	22	23	24											
				HOURS WORKED EACH DAY																	
PERSON, MARVIN		Plumber	O									48.00	209.28	(b) (6)							
(b) (6)			S		6.54							6.54	32.00						903.35		
VOGEL, BRANDON		Laborer	O		3.73						3.73	27.86	942.53								
(b) (6)			S		25.03	7.95		4.18		8.00	45.16	18.57	942.53								
WILSON, JASON		Laborer	O								27.86	92.85									
(b) (6)			S		5.00						5.00	18.57	693.65								
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		

POSTED

O = Overtime
S = Straight Time

2/2/15

Payroll
(Title)

(1) That I pay or supervise the payment of the persons employed by C Squared
Inc. on the US Marshall Cellhouse
(Contractor or subcontractor) (Building or work)

_____ project _____; that during the payroll period commencing on the _____ 19th _____ day of _____ Jan. _____ year 2014 _____ all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

C Squared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

[illegible]

NAME AND TITLE	ADDRESS	TELEPHONE	DATE
Mr. J. Edgar Hoover	Washington, D. C.		
Mr. Clegg			
Mr. Glavin			
Mr. Ladd			
Mr. Nichols			
Mr. Rosen			
Mr. Tracy			
Mr. Carson			
Mr. Egan			
Mr. Gurnea			
Mr. Hendon			
Mr. Pennington			
Mr. Quinn			
Mr. Nease			
Mr. Gandy			

Debbie Grassman Payroll

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY CONSTITUTE THE CRIME OF PERJURY TO A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

7.22 total hours worked

PAYROLL (FOR CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802					ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214													
PAYROLL NO. 4			PERIOD BEGIN 01/12/2015 PERIOD END 01/18/2015					PROJECT AND LOCATION US Marshall		PROJECT OR CONTRACT NO. 1407W								
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. NET WAGES PAID FOR WEEK
			Sun 18	Mon 12	Tue 13	Wed 14	Thu 15	Fri 16	Sat 17				FICA	FED W/H	STATE TAXES	OTHER	OTHER	
			HOURS WORKED EACH DAY															
(b) (6) VOGEL, BRANDON			O								27.86	134.08	(b) (6)					
			S				7.22			7.22	18.57	397.61						
			O															
			S															
			O															
			S															
			O															
			S															
			O															
			S															
			O															
			S															
			O															
			S															
			O															
			S															
			O															
			S															

POSTED

O = Overtime
S = Straight Time

(b) (6)

1/23/15

payroll
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by C Squared
Inc. on the US Marshall
(Contractor or subcontractor) (Building or work)

project; that during the payroll period commencing on the 10th
day of Jan. year 2015 and ending the 18th day of Jan. year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

C Squared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Debbie Grossman / Payroll

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION
231 OF TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

31.65 total hours worked

PAYROLL (FOR CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OR SUBCONTRACTOR C SQUARED INC - L802										ADDRESS 7321 C ST ANDREWS CHURCH RD LOUISVILLE KY 40214										
PAYROLL NO. 3					PERIOD BEGIN 01/05/2015 PERIOD END 01/11/2015					PROJECT AND LOCATION US Marshall					PROJECT OR CONTRACT NO. 1407W					
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. NET WAGES PAID FOR WEEK		
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED	STATE	OTHER	OTHER		TOTAL	
			11	05	06	07	08	09	10											
HOURS WORKED EACH DAY																				
PERSON, MARVIN		Plumber	O										48.00	528.00						(b) (6)
(b) (6)			S			7.67	0.50	8.33			16.50	32.00	1166.03							
VOGEL, BRANDON		Laborer	O										27.85	281.34						(b) (6)
(b) (6)			S			7.35		7.80			15.15	18.57	479.76							
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	

POSTED

O = Overtime
S = Straight Time

Date

11/16/15

(b) (6)

payroll
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by C Squared Inc. on the US Marshall
(Contractor or subcontractor) (Building or work)

project; that during the payroll period commencing on the 5th
day of Jan. year 2015 and ending the 11th day of Jan. year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

C Squared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

SIGNATURE

Debbie Grossman/Farr

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROS
231 OF TITLE 31 OF THE UNITED STATES CODE

PAYROLL (FO. CONTRACTOR'S OPTIONAL USE)

Created by Paychex, Inc. (Rev. Dec. 2008)

O = Overtime
S = Straight Time

(b) (6)

1/9/15

Payroll
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by C Squared Inc. on the US Marshall
(Contractor or subcontractor) (Building or work)

project; that during the payroll period commencing on the 29th
day of Dec. year 2014 and ending the 4th day of Jan. year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

C Squared Inc.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Debbie Grossman/ Payroll

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION
231 OF TITLE 31 OF THE UNITED STATES CODE.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	CONTACT NAME: PHONE (A/C. No. Ext): 502-244-1343 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Indemnity Company INSURER B: Kentucky AGC Self Ins Fund INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C. No): 502-244-1411 NAIC # 23280
INSURED David Construction Inc 1330 W Breckinridge St Louisville, KY 40210		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			(b) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			(b) (4)	11/01/2013	11/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			(b) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			(b) (4)	01/01/2013	12/31/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$4,000,000 E.L. DISEASE - EA EMPLOYEE \$4,000,000 E.L. DISEASE - POLICY LIMIT \$4,000,000
A	Equipment Leased or Rented From Others			(b) (4)	11/01/2013	11/01/2014	Limit 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Building KY00045ZZ - Project RKY00086, Louisville, KY.
Gene Snyder US Courthouse.**CERTIFICATE HOLDER****CANCELLATION**GSA, PBS, Acquisition Division
Small Projects Branch (4PQP)
77 Forsyth Street, Room T8
Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZ (b) (6)

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	CONTACT NAME: PHONE (A/C. No. Ext): 502-244-1343 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Indemnity Company INSURER B: Kentucky AGC Self Ins Fund INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C. No): 502-244-1411 NAIC # 23280
INSURED David Construction Inc 1330 W Breckinridge St Louisville, KY 40210		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			(b) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			(b) (4)	11/01/2013	11/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			(b) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			(b) (4)	01/01/2014	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$4,000,000 E.L. DISEASE - EA EMPLOYEE \$4,000,000 E.L. DISEASE - POLICY LIMIT \$4,000,000
A	Equipment Leased or Rented From Others			(b) (4)	11/01/2013	11/01/2014	Limit 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Building KY00045ZZ, Gene Snyder US Courthouse, Louisville, KY.
Project: Cellblock Renovation, Contract # GS-04P-10-EX-D-0025/GS-04P-14-14-EX-D-0023.
Cox Allen & Associates, Architect is Additional Insured with respect to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

US GSA, PBS, Acquisition Division
Small Projects Branch, (4PQP)
77 Forsyth Street, Room T8
Atlanta, GA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED (b) (6)

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

DS#4980262

Job
Gene Snyder CourthouseContractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210Job Number: SNYDER
Week Ending 3/4/2015

#10

Name / Address	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job	-- Deductions --			Check #
	Class	Exemp.	03/02 Mon	03/03 Tue	03/04 Wed	02/26 Thu	02/27 Fri	02/28 Sat	03/01 Sun	Tot			Fed. Fica	Local Other	Net Pay	
(b) (6)	(b) (6)		0.000	0.000	0.000	0.000	4.000	0.000	0.000	4.000	20.840	83.36	(b) (6)			
(b) (6)	(b) (6)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+0.000FR					
(b) (6)	(b) (6)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	520.80				
(b) (6)	(b) (6)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+0.000FR	28hrs				
Deduction Amount			ANTHEM		Total											
			31.43		31.43											
Regular			Hours		Pay											
Overtime			4.000		83.36											
			0.000		0.00											
			4.000		83.36											

RECEIVED

MAR 24 2015

DAVID CONSTRUCTION, INC.

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 2/26/2015 and ending 3/4/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

POSTED

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

XX ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

___ Child Support, employee loan, uniforms, _____

REMARKS _____

(b) (6)

Name and title

sign

___ Jewell Mattingly, CEO
The Willful Falsification Of Any Of The Above
Criminal Prosecution. See Section 1001 Of T

or Or SubContractor To Civil Or
The United States.

Job Number: SNYDER
Week Ending: 2/18/2015

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

POSTED

Contractor Or SubContractor To Civil Or
Of The United States.

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 2/11/2015

1

											-- Deductions --					
Soc Sec No.		----- Hours Worked This Job -----									Gross Pay	Fed.	Local	Check #		
Class		02/09	02/10	02/11	02/05	02/06	02/07	02/08		Pay	This Job	Fica	Other			
Name / Address		Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	Med	Total	Net Pay
=====																
		<u>Hours</u>		<u>Pay</u>												
Regular		0.000		0.00												
Overtime		0.000		0.00												
		0.000		0.00												

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 2/4/2015

#6

Name / Address	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --			Check #	
	Class		02/02	02/03	02/04	01/29	01/30	01/31	02/01	Tot			Fed.	Local			
	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun				Fica	Other	Net Pay		

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 1/29/2015 and ending 2/4/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

XX ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

Child Support, employee loan, uniforms,

POSTED

REMARKS

(b) (6)

Name and title

sig

Jewell Mattingly, CEO
The Willful Falsification Of Any Of The Above
Criminal Prosecution. See Section 1001 Of

Contractor Or SubContractor To Civil Or
Of The United States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 1/28/2015

#5

		Soc Sec No.		Hours Worked This Job								Gross Pay		-- Deductions --		Check #	
		Class		01/26	01/27	01/28	01/22	01/23	01/24	01/25		Pay	This Job	Fed.	Local		
Name / Address		Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	Fica Med State	Other Total		Net Pay
				Hours		Pay											
Regular				0.000		0.00											
Overtime				0.000		0.00											
				0.000		0.00											

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 1/22/2015 and ending 1/28/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

POSTED

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

XX ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

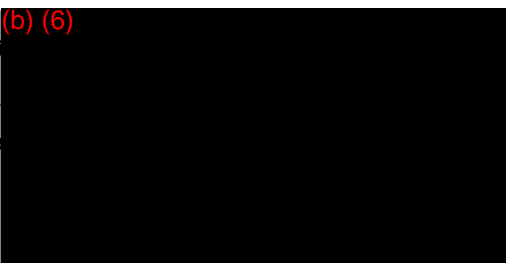
(c) EXCEPTION (CRAFT) EXPLANATION

___Child Support, employee loan, uniforms,___

REMARKS _____

Name and title

Jewell Mattingly, CEO
The Willful Falsification Of Any Of The Above
Criminal Prosecution. See Section 1001 Of



actor Or SubContractor To Civil Or
Of The United States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 1/21/2015

											-- Deductions --			
Soc Sec No.		Hours Worked This Job									Gross Pay	Fed.	Local	Check #
Class		01/19	01/20	01/21	01/15	01/16	01/17	01/18		Pay	This Job	Fica	Other	
Mar Exemp.		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	Med	Total	Net Pay
=====														
		Hours	Pay											
Regular		0.000	0.00											
Overtime		0.000	0.00											
		0.000	0.00											

Page: 1

Job Number: SNYDER
Week Ending: 1/14/2015

Pay Rate	Gross Pay This Job All Jobs	Fica Med State	Other Total	Check # Net Pay

	Hours	Pay
Regular	0.000	0.00
Overtime	0.000	0.00
	0.000	0.00

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 1/8/2015 and ending 1/14/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

POSTED

(c) EXCEPTION (CRAFT)	EXPLANATION

____ Child Support, employee loan, uniforms, _____

REMARKS _____

si

Jewell Mattingly, CEO
The Willful Falsification Of Any Of The Above
Criminal Prosecution. See Section 1001 Of

Factor Or SubContractor To Civil Or
Of The United States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc,
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 1/7/2015

#2

2021

2021

Name / Address	Soc Sec No. Class Mar Exemp.	Hours Worked This Job									Pay Rate	Gross Pay This Job All Jobs	Deductions		Check #
		01/05 Mon	01/06 Tue	01/07 Wed	01/01 Thu	01/02 Fri	01/03 Sat	01/04 Sun	Tot	Fed. Fica Med State			Local Other Total	Net Pay	
Joshua Fleckenstein	(b) (6)	R: 5.500	4.500	0.000	0.000	0.000	0.000	0.000	10.000	20.840	208.40	(b) (6)			
(b) (6)	(b) (6)	02-Tile Finisher/Helper	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+0.000FR	320.40				
										+0.000FR	18hrs				
		Regular	10.000	208.40											
		Overtime	0.000	0.00											
			10.000	208.40											

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 1/1/2015 and ending 1/7/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

POSTED

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

XX ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

Child Support, employee loan, uniforms,

REMARKS

Name and title

Signature

Jewell Mattingly, CEO

The Willful Falsification Of Any Of The Above Information Is A Crime Under Federal Criminal Prosecution. See Section 1001 Of

For Or SubContractor To Civil Or Criminal Prosecution Of The United States.

Certified Payroll Register

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 12/31/2014

Name / Address	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	12/29	12/30	12/31	12/25	12/26	12/27	12/28	Tot			Fed. Fica	Local Other	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Med State	Total	Net Pay
Jonathon James Foster	(b) (6)		R: 6.000	0.000	0.000	0.000	0.000	0.000	0.000	6.000	20.840	125.04	(b) (6)		
(b) (6)	02-Tile Finisher/Helper		O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+0.000FR	605.04			
											+0.000FR	38hrs			
Johnny Tyler Hill	(b) (6)		R: 5.500	4.500	0.000	0.000	0.000	0.000	0.000	10.000	20.840	208.40			
(b) (6)	02-Tile Finisher/Helper		O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	+0.000FR	208.40			
											+0.000FR	10hrs			
Deduction Amount			ANTHEM		Total										
			31.43		31.43										
Regular			Hours		Pay										
Overtime			16.000		333.44										
			0.000		0.00										
			16.000		333.44										

16 total hours worked

POSTED

Job
Gene Snyder Courthouse

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 12/31/2014

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 12/25/2014 and ending 12/31/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

XX ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

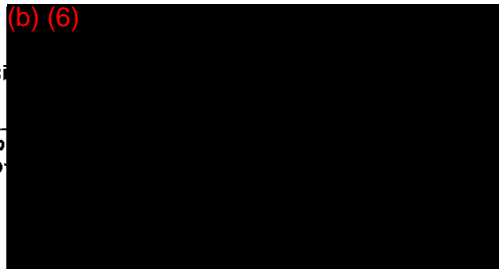
___Child Support, employee loan, uniforms,_____

REMARKS _____

Name and title

si

____Jewell Mattingly, CEO____
The Willful Falsification Of Any Of The Above
Criminal Prosecution. See Section 1001 Of



____Contractor Or SubContractor To Civil Or
Of The United States.

Date **February 5, 2015**

(1) That I pay or supervise the payment of the persons employed by Danaher Pte, Inc.
(Contractor or subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat 108, 72 Stat 967; 76 Stat 357; 40 U.S.C. 276c) as described below:

NO ACTIVITY THIS PERIOD

(c) EXCEPTIONS

(CRAFT) EXCEPTION	EXPLANATION
POSTED	RECEIVED FEB 23 2015 DAVID CONSTRUCTION, INC

NAME AND TITLE	Beth Keehner	Administrative Assistant	(b) (6)	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY CONSTITUTE A VIOLATION OF FEDERAL LAWS OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.				

STATEMENT OF COMPLIANCE

Date February 19, 2015

I, Beth Keehner Administrative Assistant do hereby state:
(name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Dalmatian Fire, Inc. on
(Contractor or subcontractor)

the Gene Snyder Courthouse that during the payroll period commencing on the 8 day of February

2015 and ending the 14 day of February 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Dalmatian Fire, Inc. from the full

(Contractor or subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat 108, 72 Stat 967; 76 Stat 357; 40 U.S.C. 276c) as described below:

NO ACTIVITY THIS PERIOD

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of Fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4 (c) below.

(c) EXCEPTIONS

(CRAFT) EXCEPTION	EXPLANATION

POSTED

RECEIVED

FEB 23 2015

DAVID CONSTRUCTION INC.

NAME AND TITLE	Beth Keehner Administrative Assistant	(b) (6)	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY BE CONSIDERED A VIOLATION OF THE CONTRACT AND SUBJECT TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.			

David Construction
1330 Breckinridge Street
Louisville, KY 40210

SUBCONTRACTOR

Dauenhauer Plumbing

ADDRESS

3416 Robards Court, Louisville, KY 40218

WEEK ENDING

March 11, 2015

PROJECT AND LOCATION

Gene Snyder USCH
Louisville, KY

WAGE DECISION NO./DATED

KY20130065 08/01/2012

[illegible]

TOTAL EMPLOYEES:

5

2.25

\$111.35

\$1,769.04

\$330.75

\$92.21

\$38.92

\$107.93

\$25.24

\$100.44

\$1,073.55

TOTAL HOURS:

2.25

2.25

STATEMENT OF COMPLIANCE

Form Approved
OMB No 1215-0149
Expires June 30, 2000

The public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (1215-0149), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER 40 FINAL	2. PAYROLL PAYMENT DATE (YYYYMMDD) 3/20/2015	3. CONTRACT NUMBER GSA Stair Eggee	4. DATE (YYYYMMDD) 3/19/2015
--------------------------------------	--	--	--

I, Theodore L Arena, Service Supervisor, do hereby state
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Dauenhauer Plumbing
(Contractor or Subcontractor)

1 Gene Snyder USCH ; that during the payroll period commencing on the 5 day of March, 20 15, and ending the 11 day of March, 20 15, all persons

employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Dauenhauer Plumbing from the full weekly wages earned by any person,
(Contractor or Subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

FIT, SIT, LIT, FICA, Medicare

Health Insurance, HAS Contributions, Dental Insurance, Vision Insurance, Life Insurance (Emp, Spouse, Child) LTD, STD, 401(k) Contribution, Child Support

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage for laborers and mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

* ☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

* ☐ Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)

EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle initial)

Arena, Theodore L.

7. TITLE

Service Supervisor

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 3729 of Title 31 of the United States Code.

David Construction
1330 Breckinridge Street
Louisville, KY 40210

RECEIVED

MAR 20 2015

DAVID CONSTRUCTION, INC.

[illegible]

Date

POSTED

STATEMENT OF COMPLIANCE

Form Approved
OMB No 1215-0149
Expires June 30, 2000

The public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (1215-0149), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER 35	2. PAYROLL PAYMENT DATE (YYYYMMDD) 2/13/2015	3. CONTRACT NUMBER GSA Stair Eggee	4. DATE (YYYYMMDD) 2/12/2015
--------------------------------	--	--	--

I, **Theodore L Arena**, **Service Supervisor**, do hereby state
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by **Dauenhauer Plumbing**
(Contractor or Subcontractor)

1 **Gene Snyder USCH** ; that during the payroll period commencing on the **29** day of
(Building or work)
January, 20 **15**, and ending the **4** day of **February**, 20 **15**, all persons

employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Dauenhauer Plumbing** from the full weekly wages earned by any person,
(Contractor or Subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

FIT, SIT, LIT, FICA, Medicare

Health Insurance, HAS Contributions, Dental Insurance, Vision Insurance, Life Insurance (Emp, Spouse, Child) LTD, STD, 401(k) Contribution, Child Support

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage for laborers and mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

* ☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

* ☐ Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)

EXPLANATION

5. REMARKS

6. NAME (Last, First, Middle initial)

Arena, Theodore L.

7. TITLE

Service Supervisor

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 3729 of Title 31 of the United States Code.

(b) (6)

Dauenhauer Plumbing
3416 Robards Court
Louisville, KY 40218

David Construction
1330 Breckinridge Street
Louisville, KY 40210

RE: GSA Stair Egress (Project# 13-015)

RECEIVED

MAR 20 2015

DAVID CONSTRUCTION, INC

The following schedule reflects weeks for which No Work was performed by our company on the above referenced project.

(*) REVISED

Payroll #	Payroll Period		Payroll #	Payroll Period
17 ✓	Sept 25, 2014-Oct 1, 2014		32 ✓	Jan 8, 2015-Jan 14, 2015
18 ✓	Oct 2, 2014-Oct 8, 2014		33 ✓	Jan 15, 2015-Jan 21, 2015
19 ✓	Oct 9, 2014-Oct 15, 2014		34 ✓	Jan 22, 2015-Jan 28, 2015
20 ✓	Oct 16, 2014-Oct 22, 2014			
21 ✓	Oct 23, 2014-Oct 29, 2014			
22 ✓	Oct 30, 2014-Nov 5, 2014			
23 ✓	Nov 6, 2014-Nov 12, 2014			
24 ✓	Nov 13, 2014-Nov 19, 2014			
25 ✓	Nov 20, 2014-Nov 26, 2014			
26 ✓	Nov 27, 2014-Dec 3, 2014			
27 ✓	Dec 4, 2014-Dec 10, 2014			
28 ✓	Dec 11, 2014-Dec 17, 2014			
29 ✓	Dec 18, 2014-Dec 24, 2014			
30 ✓	Dec 25, 2014-Dec 31, 2014			
(b) (6)				

Sig

Date

Title:

SUPERVISOR

3/13/15

POSTED

OMB No.: 1235-0008
Expires: 01/31/2015

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Persons are not required to respond to the collection of information

13-015

(b) (6)

DAVID CONSTRUCTION, INC.

POSTED

Public Burden Statement

29 C.F.R. § 5.5(b)(3)(iv) requires that the employer certify that the contractor or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. **Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (over)

(over)

Date 2/5/15

I, Galen Mabe owner
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

_____ that during the payroll period commencing on the
(Building or Work)

_____ day of _____, and ending the _____ day of _____,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Galen Mabe (owner)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
31 OF THE UNITED STATES CODE

TITLE

JOB: 215000 DAVID CONST/GENE SNYDER
GENE SNYDER COURTHOUSE
LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

RECEIVED
FEB 13 2015

DAVID CONSTRUCTION INC

df
(b) (6)

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S	M	EX	CLASSIFICATION	WORK	+-----HOURS-----+							JOB GRS	FICA	LOCAL & ST W/H	OTHER
						DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7				
	0125	0126	0127	0128	0129	0130	0131									
	SUN	MON	TUE	WED	THU	FRI	SAT									

No Certified work done this period

+-----HOURS-----+										JOB GROSS	FICA	LOCAL AND STATE W/H	OTHER					
DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS					DAY6	HRS	DAY7	HRS	TOTAL
01/25	SU	01/26	MO	01/27	TU	01/28	WE	01/29	TH	01/30	FR	01/31	SA					
JOB: 215000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

POSTED

I, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state:
(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 25TH day of JAN, and ending the 31ST day of JAN, all persons persons persons 11 p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
[] - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

Name & Title: CYNTHIA BURGIN, PAYROLL ADMIN
(b) (6)

Signature:

THE WILFUL FALSE [REDACTED] STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

JOB: 215000 DAVID CONST/GENE SNYDER
3 GENE SNYDER COURTHOUSE
LOUISVILLE, KY

P.O. BOX 36097
LOUISVILLE, KY 40233

RECEIVED
FEB 13 2015
DAVID CONSTRUCTION, INC.

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE S M EX CLASSIFICATION

+-----HOURS-----+								JOB GRS	FICA	LOCAL & ST W/H	OTHER	
DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7	TOTAL	RATE	TOT GRS	FED W/H	VACATION	NET
0118	0119	0120	0121	0122	0123	0124						
SUN	MON	TUE	WED	THU	FRI	SAT						

No Certified work done this period.

+-----HOURS-----+										JOB GROSS	FICA	LOCAL AND STATE W/H	OTHER					
DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS	DAY6	HRS	DAY7	HRS	TOTAL	TOTAL GROSS	FEDERAL W/H	VACATION	NET
01/18	SU	01/19	MO	01/20	TU	01/21	WE	01/22	TH	01/23	FR	01/24	SA					
JOB: 215000	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

POSTED

I, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state:
(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 18TH day of JAN, and ending the 24TH day of JAN, all persons persons persons 11 p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

[] - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

Name & Title: CYN

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

JOB: 215000 DAVID CONST/GENE SNYDER
GENE SNYDER COURTHOUSE
LOUISVILLE, KY

P.O. BOX 36097
LOUISVILLE, KY 40233

FEB 13 2015

SUPERINTENDENT: MIKE DUDUK.

80.5 total hours worked

This report includes local W/H with state W/H

EMPLOYEE	S M EX	CLASSIFICATION	WORK								LOCAL &		OTHER		
			+-----HOURS-----+								JOB GRS	FICA		ST W/H	
			DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7	TOTAL	RATE	TOT GRS	FED W/H	VACATION	NET
			0111	0112	0113	0114	0115	0116	0117						
			SUN	MON	TUE	WED	THU	FRI	SAT						

WILLIAM J GOODLETT
(b) (6)

(b) (6)

CHECK NO: 72124
157.25
988.60

(b) (6) PAINTER .00 7.00 .00 .00 .00 .00 .00 7.00 18.50
FRINGE: RATE: (b) (6)
PAINTER .00 1.00 .00 .00 .00 .00 .00 1.00 27.75 OT HRS
FRINGE: RATE: (b) (6)

KEENAN L HOLDER
(b) (6)

(b) (6)

CHECK NO: 72127
19.75
790.00

SUPERINTENDENT .00 .00 .00 1.00 .00 .00 .00 1.00 19.75

MICHAEL D MOSIER
(b) (6)

(b) (6)

CHECK NO: 72152
277.50
425.50

PAINTER .00 8.00 7.00 .00 .00 .00 .00 15.00 18.50
FRINGE: RATE: (b) (6)

GREG MULLINS
3210 LAVEL LN
LOUISVILLE, KY

(b) (6)

CHECK NO: 72153
99.24
1301.77

40216 SUPERINTENDENT .00 2.00 .00 .00 .00 .00 .00 2.00 23.35
FRINGE: RATE: 12.10
SUPERINTENDENT .00 .00 .00 1.50 .00 .00 .00 1.50 35.03 OT HRS
FRINGE: RATE: (b) (6)

MATTHEW A SHANNON
(b) (6)

(b) (6)

CHECK NO: 72162
129.50
425.50

PAINTER .00 7.00 .00 .00 .00 .00 .00 7.00 18.50
FRINGE: RATE: (b) (6)

DARREL L SMITH
(b) (6)

(b) (6)

CHECK NO: 72164
166.50
1017.50

JOB: 215000 DAVID CONST/GENE SNYDER
GENE SNYDER COURTHOUSE
LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S	M	EX	CLASSIFICATION	+-----HOURS-----+								JOB GRS	FICA	LOCAL & ST W/H	OTHER
					DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7	TOTAL				
					0111	0112	0113	0114	0115	0116	0117					
					SUN	MON	TUE	WED	THU	FRI	SAT					
(b) (6)				PAINTER	.00	6.00	.00	.00	.00	.00	.00	6.00	18.50			(b) (6)
												FRINGE: RATE: 12.10				
				PAINTER	.00	2.00	.00	.00	.00	.00	.00	2.00	27.75	OT HRS		
												FRINGE: RATE: (b) (6)				

DAVID A SPANYER	(b) (6)	CHECK NO:	72165	79.00						
(b) (6)				316.00						
	PAINTER FOREMAN	.00	.00	4.00	.00	.00	.00	.00	4.00	19.75
		FRINGE:	RATE:	(b) (6)						

LESLIE WELCH	(b) (6)	CHECK NO:	72174	335.75						
(b) (6)				770.25						
	PAINTER	.00	8.00	7.00	2.00	.00	.00	.00	17.00	19.75
		FRINGE:	RATE:	(b) (6)						

TROY S WOOSLEY	(b) (6)	CHECK NO:	72180	314.50						
(b) (6)				407.00						
	PAINTER	.00	8.00	7.00	2.00	.00	.00	.00	17.00	18.50
		FRINGE:	RATE:	(b) (6)						

JOB: 215000	+-----HOURS-----+												TOTAL	TOTAL GROSS	FICA	LOCAL AND STATE W/H	OTHER
	DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS	DAY6	HRS					
	01/11	SU	01/12	MO	01/13	TU	01/14	WE	01/15	TH	01/16	FR					
	.00		49.00		25.00		6.50		.00		.00		80.50	1578.99			(b) (6)
													6442.12				

1, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state:

(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 11TH day of JAN, and ending the 17TH day of JAN, all persons persons persons 11 p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

DATE: 01-10-2015

01-22-2015 14:31

JOB: 215000 DAVID CONST/GENE SNYDER

GENE SNYDER COURTHOUSE
LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

114 total hours worked

RECEIVED

FEB 13 2015

POSTED

DAVID CONSTRUCTION INC.

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S M EX	CLASSIFICATION	HOURS							TOTAL	RATE	TOT GRS	FICA	ST W/H	LOCAL & VACATION	OTHER	NET
			DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7								
			0104	0105	0106	0107	0108	0109	0110								
			SUN	MON	TUE	WED	THU	FRI	SAT								

ROBERTO B GIRON-MARTIN

(b) (6)

CHECK NO: 72045 251.68
503.36

(b) (6)

PAINTER

.00 .00 .00 8.00 8.00 .00 .00 16.00 15.73

FRINGE: RATE: (b) (6)

Should
be 18.50
I will corr. w/E 2/14/15

WILLIAM J GOODLETT

(b) (6)

CHECK NO: 72047 296.00
333.00

(b) (6)

PAINTER

.00 .00 .00 8.00 8.00 .00 .00 16.00 18.50

FRINGE: RATE: (b) (6)

KEENAN L HOLDER

(b) (6)

CHECK NO: 72050 98.75
790.00

SUPERINTENDENT

.00 .00 .00 3.00 2.00 .00 .00 5.00 19.75

MICHAEL E MASSA

(b) (6)

CHECK NO: 72070 39.50
790.00

PAINTER

.00 .00 .00 2.00 .00 .00 .00 2.00 19.75

FRINGE: RATE: (b) (6)

MICHAEL D MOSIER

(b) (6)

CHECK NO: 72076 296.00
518.00

PAINTER

.00 .00 .00 8.00 8.00 .00 .00 16.00 18.50

FRINGE: RATE: (b) (6)

GREG MULLINS

(b) (6)

CHECK NO: 72077 280.21
1179.19

SUPERINTENDENT

.00 .00 .00 1.00 .00 2.00 .00 3.00 23.35

FRINGE: RATE: (b) (6)

JOB: 215000 DAVID CONST/GENE SNYDER
GENE SNYDER COURTHOUSE
LOUISVILLE, KY

P.O. BOX 36097
LOUISVILLE, KY 40233

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S	M	EX	CLASSIFICATION	HOURS								TOTAL	RATE	TOT	GRS	FICA	ST W/H	OTHER
					DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7	OT							
	0104	0105	0106	0107	0108	0109	0110												
	SUN	MON	TUE	WED	THU	FRI	SAT												
SUPERINTENDENT	.00	.00	1.00	3.00	2.00	.00	.00	6.00	35.03	OT	HRS	(b) (6)							
								FRINGE:	RATE:	(b) (6)									

DARREL L SMITH (b) (6) CHECK NO: 72088

PAINTER	.00	.00	.00	8.00	8.00	.00	.00	16.00	18.9								
								FRINGE:	RATE:	(b) (6)							

LESLIE WELCH (b) (6) CHECK NO: 72098

PAINTER	.00	.00	2.00	8.00	8.00	.00	.00	18.00	1								
								FRINGE:	RATE:	(b) (6)							

TROY S WOOSLEY (b) (6) CHECK NO: 72104

PAINTER	.00	.00	.00	8.00	8.00	.00	.00	16.00	1								
								FRINGE:	RATE:	(b) (6)							

HOURS													JOB GRO		
DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS	DAY6	HRS	DAY7	HRS	TOTAL	TOTAL GR
01/04	SU	01/05	MO	01/06	TU	01/07	WE	01/08	TH	01/09	FR	01/10	SA		

JOB: 215000	.00	.00	3.00	57.00	52.00	2.00	.00	114.00	2187						
									5669						

1, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state:

(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 4TH day of JAN, and ending the 10TH day of JAN, all persons persons persons ll pe employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(1) - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

Name & Title: CYNTHIA BURGIN, PAYROLL ADMIN

Signature:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-R07
DATE: 01-24-2015

HOWELL & HOWELL CONTRACTORS, INC
CERTIFIED PAYROLL REPORT

JOB: 213700 DAVID CONST/GENE SNYDER
GENE SNYDER COURT HOUSE
LOUISVILLE, KY

P.O. BOX 36097
LOUISVILLE, KY 40233

6 Serial Report

13-015-20
SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S M EX CLASSIFICATION	WORK +-----HOURS-----+										JOB GRS	
		DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7	TOTAL	RATE	TOT	GRS	
		0118	0119	0120	0121	0122	0123	0124					
		SUN	MON	TUE	WED	THU	FRI	SAT					

JUAN A CARRANCO	(b) (6)	(b) (6)	CHECK NO:	72194	97.50								
(b) (6)					780.00								
	PAINTER	.00	5.00	.00	.00	.00	.00	.00	5.00	19.50	✓		
									FRINGE:	RATE:	(b) (6)		

JUAN C CARRANCO	(b) (6)	CHECK NO:	72195	97.50									
(b) (6)				780.00									
	PAINTER	.00	5.00	.00	.00	.00	.00	.00	5.00	19.50	✓		
									FRINGE:	RATE:	(b) (6)		

MICHAEL E MASSA	(b) (6)	CHECK NO:	72225	98.75									
(b) (6)				790.00									
	PAINTER	.00	5.00	.00	.00	.00	.00	.00	5.00	19.75	✓		
									FRINGE:	RATE:	(b) (6)		

+-----HOURS-----+													JOB GROSS	FICA		
DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS	DAY6	HRS	DAY7	HRS	TOTAL	TOTAL GROSS	FEDERAL
01/18	SU	01/19	MO	01/20	TU	01/21	WE	01/22	TH	01/23	FR	01/24	SA			
-----													-----	-----	-----	
JOB: 213700	.00	15.00	.00	.00	.00	.00	.00	.00	.00	15.00				293.75	2350.00	(b) (6)

15 total hours worked

POSTED

(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 18TH day of JAN, and ending the 24TH day of JAN, all persons persons persons ll p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(c) EXCEPTIONS

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-R07
DATE: 01-17-2015

HOWELL & HOWELL CONTRACTORS, INC
CERTIFIED PAYROLL REPORT

JOB: 213700 DAVID CONST/GENE SNYDER
GENE SNYDER COURT HOUSE
LOUISVILLE, KY

P.O. BOX 36097
LOUISVILLE, KY 40233

5
13-015-20
SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H														LOCAL &			
		WORK		+-----HOURS-----+										JOB GRS	FICA	ST W/H	OTHER
EMPLOYEE	S M EX	CLASSIFICATION		DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7	TOTAL	RATE	TOT GRS	FED W/H	VACATION	NET	
				0111	0112	0113	0114	0115	0116	0117							
				SUN	MON	TUE	WED	THU	FRI	SAT							

No Certified work done this period

+-----HOURS-----+														JOB GROSS	FICA	LOCAL AND STATE W/H	OTHER					
DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS	DAY6	HRS	DAY7	HRS	TOTAL	TOTAL GROSS	FEDERAL W/H	VACATION	NET				
01/11	SU	01/12	MO	01/13	TU	01/14	WE	01/15	TH	01/16	FR	01/17	SA									

POSTED

(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 11TH day of JAN, and ending the 17TH day of JAN, all persons persons persons 11 p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(c) EXCEPTIONS

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-007
DATE: 01-10-2015

HOWELL & HOWELL CONTRACTORS, INC
CERTIFIED PAYROLL REPORT

PAGE 5
01-22-2015 14:31

JOB: 213700 DAVID CONST/GENE SNYDER
4 GENE SNYDER COURT HOUSE
LOUISVILLE, KY

P.O. BOX 36097
LOUISVILLE, KY 40233

13-015-20
SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S	M	EX	CLASSIFICATION	+-----HOURS-----+							TOTAL	RATE	JOB GRS	FICA	ST W/H	LOCAL & VACATION	OTHER NET
					DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7							
	0104	0105	0106	0107	0108	0109	0110											
	SUN	MON	TUE	WED	THU	FRI	SAT											

No Certified work done this period

+-----HOURS-----+										TOTAL	JOB GROSS	FICA	LOCAL AND STATE W/H VACATION	OTHER NET
DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS					
01/04	SU	01/05	MO	01/06	TU	01/07	WE	01/08	TH	01/09	FR	01/10	SA	

JOB: 213700	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
														.00

POSTED

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

JOB: 213700 DAVID CONST/GENE SNYDER
GENE SNYDER COURT HOUSE
LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

3

13-015-20
SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

EMPLOYEE	S	M	EX	CLASSIFICATION	+-----HOURS-----+							JOB GRS	FICA	LOCAL &		OTHER
					DAY1	DAY2	DAY3	DAY4	DAY5	DAY6	DAY7			ST W/H	VACATION	
					1228	1229	1230	1231	0101	0102	0103			FED W/H		
					SUN	MON	TUE	WED	THU	FRI	SAT					

No Certified work done this period

JOB: 213700	+-----HOURS-----+												JOB GROSS	FICA	LOCAL AND		OTHER
	DAY1	HRS	DAY2	HRS	DAY3	HRS	DAY4	HRS	DAY5	HRS	DAY6	HRS	DAY7	HRS	TOTAL	TOTAL GROSS	FEDERAL W/H
	12/28	SU	12/29	MO	12/30	TU	12/31	WE	01/01	TH	01/02	FR	01/03	SA			

POSTED

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 01/31/2015

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐

ADDRESS

Rick Howard Heating and Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212

PAYROLL NO.

FOR WEEK ENDING

PROJECT AND LOCATION

PROJECT OR CONTRACT NO.

601 W Broadway

1-3-2015 NEW EGRESS STAIR PROJECT Gene Snyder U.S. Courthouse Lou Ky 40203 #13-015

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF EMPLOYING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
							FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
No Work			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									
			O									
			S									

RECEIVED

JAN 05 2015

DAVID CONSTRUCTION, INC.

POSTED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3602, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

{over}

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 01/31/2016

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS
Rick Howard Heating And Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212
 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.
1-17-2015 NEW EGRESS STAIR PROJECT GENE SNYDER US Courthouse Low Ky 40203 #13-015

(1)	(2)	(3)	OT. OR ST.	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS						(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION									TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
No Work			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	

RECEIVED
JAN 22 2015
DAVID CONSTRUCTION INC.

POSTED

RECEIVED
JAN 22 2015
DAVID CONSTRUCTION, INC.

POSTED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 5.3, 5.5(e). The Copeland Act (40 U.S.C. § 3146) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33802, 200 Constitution Avenue, N.W., Washington, D.C. 20210

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
31 OF THE UNITED STATES CODE.

(b) (6)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 01/31/2015

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS
Rick Howard Heating And Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212

PAYROLL NO. #17 FOR WEEK ENDING 1-24-2015 PROJECT AND LOCATION NEW Egress Stair Project GENE SNYDER US Courthouse 601 W. Broadway Louisville Ky 40203 PROJECT OR CONTRACT NO. #13-015

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				18	19	20	21	22	23	24				FICA 7.65	WITH- HOLDING TAX 3.4%	IN 0.02	Non RES 1.45 OTHER	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY															
(b) (6) TIM R. PAYNE		Shee 0110 - 024	O																
			S			4	3				46.12	322.84							
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

RECEIVED
JAN 28 2015

DAVID CONSTRUCTION INC.

POSTED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 6.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

1. Richard Howard President
(Name of Signatory Party) (Title)

Rick Howard HEATING And Air Conditioning LLC on the
(Contractor or Subcontractor)
PROJECT #13-015; that during the payroll period commencing on the
(Building or Work)

Rick Howard HEATING and Air Conditioning LLC from the full
(Contractor or Subcontractor)

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(4) That:

- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

KAREN FARRELL-HOWARD
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 10/14/2017

REMARKS:

Sworn to and subscribed
before me this

24 day of Jan, 2015

(b) (6)

Richard Howard Pres.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
31 OF THE UNITED STATES CODE.

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008
Expires: 01/31/2016

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 544a) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies reviewing this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3602, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 1-31-2015

I, Richard Howard President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Rick Howard Heating And Air Conditioning LLC on the
(Contractor or Subcontractor)
Project # 13-015; that during the payroll period commencing on the
(Building or Work)

25 day of Jan, 2015, and ending the 31 day of Jan, 2015,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Rick Howard Heating And Air Conditioning LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

KAREN FARRELL-HOWARD
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 10/14/2017

REMARKS:

Sworn to and subscribed
before me this

31 day of Jan, 2015

(b) (6)

NAME AND TITLE

Richard Howard Pres.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SE
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 01/31/2015

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS
Rick Howard Heating And Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212

PAYROLL NO. **2-1-2015** FOR WEEK ENDING **NEW EGRESS STAIR PROJECT** PROJECT AND LOCATION **GENE SNYDER US Courthouse** PROJECT OR CONTRACT NO. **601 W. Broadway Louisville Ky 40203 #13-015**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
No Work			O																
	S																		
	O																		
	S																		
	O																		
	S																		
	O																		
			O																
			S																
			O																
			S																
			O																
			S																
			O																
			S																

POSTED

RECEIVED
FEB 11 2015
DAVID CONSTRUCTION, INC.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies reviewing this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 251 OF TITLE 31 OF THE UNITED STATES CODE.

(over)

Date 2.21.2015

I, Richard Howard President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Rick Howard Heating And Air Conditioning LLC on the
(Contractor or Subcontractor)

Project #13-015; that during the payroll period commencing on the
(Building or Work)

15 day of Feb, 2015, and ending the 21 day of Feb, 2015.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Rick Howard Heating And Air Conditioning LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

KAREN FARRELL-HOWARD
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 10/14/2017

REMARKS:

Sworn to and subscribed
before me this

20 day of Feb, 2015

(b) (6)

(b) (6)

Richard Howard Pres.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 51 OF THE UNITED STATES CODE.

PAYROLL


AMERICAN

U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 01/31/2016

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐

ADDRESS

Rick Howard Heating And Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212

PAYROLL NO.

FOR WEEK ENDING

PROJECT AND LOCATION

PROJECT OR CONTRACT NO.

2-14-15 New Egress Stair Project Gene Snyder US Courthouse 601 W. Broadway
Louisville Ky 40203 #13 015

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHELD EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
No Work			O										
			S										
			O										
			S										
			O										
			S										
			O										
			S										
			O										
			S										
			O										
			S										
			O										
			S										
			O										
			S										
			O										
			S										

RECEIVED
 FEB 25 2015
 DAVID COLLECTOR, INC.

POSTED

Public Burden Statement

We estimate that it will take ~~an~~ average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 93802, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1067 OF TITLE 18 AND 18 USC 1067 FOR THE FULL TEXT OF THE STATUTE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 01/31/2015

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS **3940 Northwestern Pkwy Louisville Ky 40212**

PAYROLL NO. **2-28-15** FOR WEEK ENDING **2-28-15** PROJECT AND LOCATION **New Egress Stair Protect Gene Snyder US Courthouse** PROJECT OR CONTRACT NO. **1001 W. Broadway Louisville Ky 40203 #13-015**

2-28-15 NEW CGRESS STATE VIOLENT CRIME ACT OF 2015												(9)									
(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS				(9)				
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT OVERT	HOURS WORKED EACH DAY							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	7.65 FICA	WITH- HOLDING TAX	IN 3.4 %	IN 0.02 %	Non RES 1.45 %		TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
																		OTHER			
No Work			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		

RECEIVED
MAR 23 2015
DAVID CONSTRUCTION, INC.

POSTED

RECEIVED

MAR 23 2015

DAVID CONSTRUCTION, INC.

POSTED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 5.3, 5.5(a). The Copeland Act (40 U.S.C. § 9145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 56 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53802, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 3-20-2015

I, Richard Howard PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Rick Howard HEATING And Air Conditioning LLC on the
(Contractor or Subcontractor)

Project #13-015 that during the payroll period commencing on the
(Building or Work)

22 day of FEB, 2015, and ending the 28 day of FEB, 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Rick Howard HEATING And Air Conditioning LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 68 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ — In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

KAREN FARRELL-HOWARD
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 10/14/2017

REMARKS:

Sworn to and subscribed
before me this
20 day of MAR, 2015

(b) (6)

SIGNATURE

Rick Howard Pres

STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347Instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 01/31/2015

NAME OF CONTRACTOR OR SUBCONTRACTOR

ADDRESS

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS
Rick Howard Heating and Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212
PROJECT AND LOCATION PROJECT OR CONTR

PROJECT OR CONTRACT NO.

PAYROLL NO.

FOR WEEK ENDING

PROJECT AND LOCATION

ROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION
3-14-15	NEW EGRESS STAIR PROJECT	GENE SNYDER US COURTHOUSE 601 W. BROADWAY LOUISVILLE KY 40203 #13-015

18

3-14-15 NEW CGRESS STAIR VIOLACT (SENE SHYDER US DISTRICT COURT)																				
(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS					(9)		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT DST	HOURS WORKED EACH DAY							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	7.65	WITH-	IN	IN	Non	TOTAL	NET
														FICA	HOLDING TAX	3.4%	0.02%	1.45% OTHER		
No Work			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	
			O																	

While completion of Form W-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 5.3, 5.6(a). The Copeland Act (40 U.S.C. § 3146) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(b)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 3-20-2015

I, Richard Howard President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Rick Howard Heating and Air Conditioning LLC on the
(Contractor or Subcontractor)

Project #13-015 ; that during the payroll period commencing on the
(Building or Work)

1 day of MARCH 2015, and ending the 14 day of MARCH 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Rick Howard Heating and Air Conditioning LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 987; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ -- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ -- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

KAREN FARRELL-HOWARD
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 10/14/2017

REMARKS:

Sworn to and subscribed
before me this
20 day of MAR, 2015

(b) (6)

SIGNATURE

Rick Howard PRES

MENTS MAY SUBJECT THE CONTRACTOR OR
SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

131 OF THE UNITED STATES CODE

OMB No.: 1295-0008
Expires: 01/31/2015

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 83802, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

THE UNITED STATES GOVERNMENT
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 01/31/2015

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS
Rick Howard Heating And Air Conditioning LLC 3940 Northwestern Pkwy Louisville Ky 40212
 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.
3-31-15 NEW EGRESS STAIR PROJECT Gene Snyder US Courthouse 601 W. Broadway Louisville Ky 40203 #13-015

(1)	(2)	(3)	OT OR ST	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS *					(9)		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION		HOURS WORKED EACH DAY							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
No Work			O																		
			S																		
FINAL —			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		
			O																		
			S																		

POSTED

POSTED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3602, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 3-31-2015

1. Richard Howard PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Rick Howard HEATING And Air Conditioning LLC on the _____
(Contractor or Subcontractor)

Project # 13-015; that during the payroll period commencing on the
(Building or Work)

22 day of MARCH, 2015, and ending the 31 day of MARCH, 2015.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Rick Howard Heating and Air Conditioning LLC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

KAREN FARRELL-HOWARD
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 10/14/2017

REMARKS:

Sworn to and subscribed
before me this

31 day of March, 2015

(b) (6)

RE

RESIDENT

MAY SUBJECT THE CONTRACTOR OR
ON 1001 OF TITLE 18 AND SECTION 231 OF TITLE

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 01/31/2015

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ ADDRESS
Wagner Electric Company, Inc. P.O. Box 9915517 Louisville KY 40269-1517

PAYROLL NO. 65		FOR WEEK ENDING 03/28/2015		PROJECT AND LOCATION GS Courthouse		PROJECT OR CONTRACT NO. 14027												
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	(2) NO. OF EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE	(5) TOTAL HOURS	(6) RATE OF PAY/CASH FRINGES	(7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS	(8) DEDUCTIONS	(9) NET WAGES PAID FOR WEEK/ CHECK NUM.										
			Sun 22	Mon 23	Tue 24	Wed 25	Thu 26	Fri 27	Sat 28									
			HOURS WORKED EACH DAY															
COLE, BRYAN J		A4.0 Apprentice	S				8.00			8.00	42.4000	453.50	(b) (6)					
(b) (6)			O			2.00			2.00	57.1500	1,111.25							
			D															
FLEISCHER, GREG		E1.0 Electrician	S				8.00			8.00	42.4200	339.36						
(b) (6)			O								850.86							
			D															
*** Totals ***			S							18.00		792.86						
			O									1,962.11						
			D															

Date: 4/17/2015

I, Terry Brown
Name of Signatory Party Title

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Wagner Electric Company, Inc. on the GS Courthouse; that during the payroll period commencing on the 22 day of Mar, 2015 and ending the 28 day of Mar, 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Wagner Electric Company, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE
Terry Brown

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ ADDRESS OMB No.: 1235-0008
Wagner Electric Company, Inc. P.O. Box 9915517 Louisville KY 40269-1517 Expires: 01/31/2015

PAYROLL NO. 66		FOR WEEK ENDING 04/04/2015		PROJECT AND LOCATION GS Courthouse		PROJECT OR CONTRACT NO. 14027														
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY/CASH FRINGES	(7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ CHECK NUM.		
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FEDERAL WITH- HOLDING	FICA	STATE WITH- HOLDING	Benefits	OTHER	TOTAL DEDUCTIONS		
			29	30	31	1	2	3	4	HOURS WORKED EACH DAY										
No Work			S																	
			O																	
			D																	
																				#

Date: 4/17/2015

I, Terry Brown
Name of Signatory Party Title

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Wagner Electric Company, Inc. on the GS Courthouse; that during the payroll period commencing on the 29 day of Mar, 2015 and ending the 04 day of Apr, 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Wagner Electric Company, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE
Terry Brown

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE
TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ ADDRESS OMB No.: 1235-0008
Wagner Electric Company, Inc. P.O. Box 9915517 Louisville KY 40269-1517 Expires: 01/31/2015

PAYROLL NO. 67		FOR WEEK ENDING 04/11/2015		PROJECT AND LOCATION GS Courthouse		PROJECT OR CONTRACT NO. 14027															
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	(2) NO OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY/CASH FRINGES	(7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ CHECK NUM	
HOURS WORKED EACH DAY							FEDERAL WITH- HOLDING	FICA	STATE WITH- HOLDING	Benefits				OTHER	TOTAL DEDUCTIONS						
Sun	Mon	Tue		Wed	Thu	Fri										Sat					
5	6	7	8	9	10	11															
No Work			S																		
			O																		
			D																		

Date: 4/17/2015

I, Terry Brown
Name of Signatory Party Title

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Wagner Electric Company, Inc. on the GS Courthouse; that during the payroll period commencing on the 05 day of Apr, 2015 and ending the 11 day of Apr, 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Wagner Electric Company, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE
Terry Brown

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, IS A VIOLATION OF
TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

GROT, INC. TRANSMITTAL

TO: GSA, PBS, Acquisition Division
Small Projects Branch (4QP)
401 W. Peachtree Street
Atlanta, GA 30308
Attn: ~~Lee Razaitis~~

Karen Drake

Date: 01/14/15
Contract No.: GS-04P-10-EX-C-0069
Contr. Name: Renovation of Social Security
Admin Offices Gene Snyder Courthouse

<input type="checkbox"/>	SHOP DRAWINGS	<input type="checkbox"/>	CHANGES
<input type="checkbox"/>	SAMPLES	<input type="checkbox"/>	CHANGE ORDER
<input type="checkbox"/>	PRINTS	<input type="checkbox"/>	BROCHURES
<input type="checkbox"/>	SPECIFICATIONS	<input type="checkbox"/>	xxxxxx SEE BELOW

We are sending this date the following:

LIST OF ITEMS

No.	By	For	No. Copies
	Grot, Inc.		
	Certified Payroll Reports week ending 1/3/15		2

A These are delivered for the purpose checked below:

<input type="checkbox"/> CORRECTION	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> GEN. INFORMATION	<input type="checkbox"/> DISTRIBUTION
<input type="checkbox"/> PRICING	<input type="checkbox"/> FABRICATION	<input type="checkbox"/> FIELD USE	<input type="checkbox"/> SEE ABOVE

and return _____ of each _____

Sent by:

<input type="checkbox"/>	MESSENGER
<input type="checkbox"/>	UPS
<input type="checkbox"/>	EXPRESS
<input checked="" type="checkbox"/>	MAIL
<input type="checkbox"/>	FAX

By

(b) (6)

Grot, Inc. 355 Price Road
PHONE - 859-254-3848 FAX 859-254-3847

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 1/3/2015 #143

Name	Soc Sec No. Class Mar Exemp.	Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
		12/29 Mon	12/30 Tue	12/31 Wed	01/01 Thu	01/02 Fri	01/03 Sat	12/28 Sun	Tot			Fed. Fica Med State	Local Other Total	
	Hours		Pay											
	Regular	0.000	0.00											
	Overtime	0.000	0.00											
		0.000	0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 12/28/2014 and ending 1/3/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

REMARKS	(b) (6)
Name and title	
Angela Lafferty, Payroll Specialist	
The Willful Falsification Of Any Or	
Contractor Or SubContractor To	
See Section 1001 Of Title 18 And	
States.	

GROT, INC. TRANSMITTAL

TO: GSA, PBS, Acquisition Division
Small Projects Branch (4QP)
401 W. Peachtree Street
Atlanta, GA 30308
Attn: ~~Lee Razaitis~~

Karen Drake

Date: 02/06/15
Contract No.: GS-04P-10-EX-C-0069
Contr. Name: Renovation of Social Security
Admin Offices Gene Snyder Courthouse

<input type="checkbox"/>	SHOP DRAWINGS	<input type="checkbox"/>	CHANGES
<input type="checkbox"/>	SAMPLES	<input type="checkbox"/>	CHANGE ORDER
<input type="checkbox"/>	PRINTS	<input type="checkbox"/>	BROCHURES
<input type="checkbox"/>	SPECIFICATIONS	<input type="checkbox"/>	xxxxxx SEE BELOW

We are sending this date the following:

LIST OF ITEMS

No.	By	For	No. Copies
	Grot, Inc.		
	Certified Payroll Reports week ending 1/10, 1/17, 1/24, 1/31		2

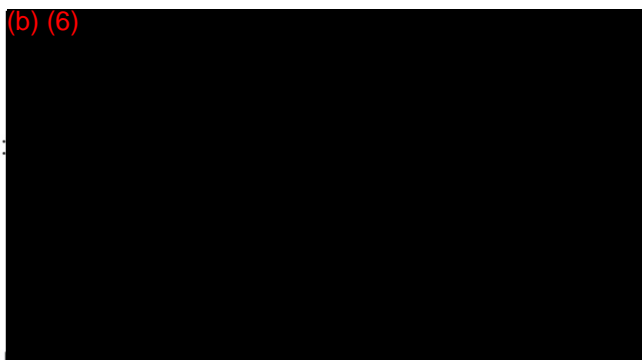
A These are delivered for the purpose checked below:

<input type="checkbox"/> CORRECTION	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> GEN. INFORMATION	<input type="checkbox"/> DISTRIBUTION
<input type="checkbox"/> PRICING	<input type="checkbox"/> FABRICATION	<input type="checkbox"/> FIELD USE	<input type="checkbox"/> SEE ABOVE

and return _____ of each _____

Sent by:

<input type="checkbox"/>	MESSENGER
<input type="checkbox"/>	UPS
<input type="checkbox"/>	EXPRESS
<input checked="" type="checkbox"/>	MAIL
<input type="checkbox"/>	FAX

By:  (b) (6)

Grot, Inc. 355 Price Road Lexington, MA 01864
PHONE - 859-254-3848 FAX 859-254-3847

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 1/10/2015 **#144**

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	01/05	01/06	01/07	01/08	01/09	01/10	01/04	Tot			Fed.	Local	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Fica	Other	Net Pay
													Med	Total	
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/4/2015 and ending 1/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)
---------	---------

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of
Contractor Or SubContractor To C
See Section 1001 Of Title 18 And S
States.

Page: 1

Job Number: 11022
Week Ending: 1/10/2015

-- Deductions --		
Fed.	Local	
Fica	Other	Check #
Med		
State	Total	Net Pay

	Soc Sec No.	Hours Worked This Job										Gross Pay	Fica	Other	Check #
	Class	01/05	01/06	01/07	01/08	01/09	01/10	01/04			Pay	This Job	Med		
Name	Mar Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay	
=====															
	<u>Hours</u>	<u>Pay</u>													
	Regular	0.000	0.00												
	Overtime	0.000	0.00												
	<u>0.000</u>	<u>0.00</u>													

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/4/2015 and ending 1/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EXPLANATION

REMARKS

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of Contractor Or SubContractor To C See Section 1001 Of Title 18 And States.

Page: 1

Job Number: 11022
Week Ending: 1/17/2015 #145

Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of
Contractor Or SubContractor To C
See Section 1001 Of Title 18 And
States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 1/17/2015 **#145**

		Hours Worked This Job										Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
Name	Soc Sec No. Class Mar Exemp.	01/12 Mon	01/13 Tue	01/14 Wed	01/15 Thu	01/16 Fri	01/17 Sat	01/11 Sun	Tot					Fed. Fica Med State	Local Other Total	Net Pay
	<u>Hours</u>		<u>Pay</u>													
	Regular	0.000	0.00													
	Overtime	0.000	0.00													
		0.000	0.00													

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/11/2015 and ending 1/17/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) (b) (6)

REMARKS

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Contract Or SubContractor To See Section 1001 Of Title 18 And States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 1/24/2015

#146

		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
Name	Soc Sec No. Class Mar Exemp.	01/19 Mon	01/20 Tue	01/21 Wed	01/22 Thu	01/23 Fri	01/24 Sat	01/18 Sun	Tot			Fed. Med State	Local Other Total	
	Hours													
	Regular	0.000	0.00											
	Overtime	0.000	0.00											
		0.000	0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/18/2015 and ending 1/24/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)
Name and title	
Angela Lafferty, Payroll Specialist	
The Willful Falsification Of Any O	
Contractor Or SubContractor To	
See Section 1001 Of Title 18 And	
States.	

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 1/24/2015

#146

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	01/19	01/20	01/21	01/22	01/23	01/24	01/18	Tot			Fed.	Local	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Med State	Total	Net Pay
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/18/2015 and ending 1/24/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)
---------	---------

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of
Contractor Or SubContractor To
See Section 1001 Of Title 18 And
States.

Job Number: 11022
Week Ending: 1/31/2015

Fed.	Local	
Fica	Other	Check #
Med		
State	Total	Net Pay

I, Angela Lafferty, Payroll Specialist, hereby state:

REMARKS (b) (6)

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of The
Contractor Or SubContractor To Civil
See Section 1001 Of Title 18 And Se
States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 1/31/2015

#147

Name	Soc Sec No. Class Mar Exemp.	Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
		01/26 Mon	01/27 Tue	01/28 Wed	01/29 Thu	01/30 Fri	01/31 Sat	01/25 Sun	Tot			Fed. Fica Med State	Local Other Total	
	Hours		Pay											
	Regular	0.000	0.00											
	Overtime	0.000	0.00											
		0.000	0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/25/2015 and ending 1/31/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any O
Contractor Or SubContractor To
See Section 1001 Of Title 18 And
States.

GROT, INC. TRANSMITTAL

TO: GSA, PBS, Acquisition Division
Small Projects Branch (4QP)
401 W. Peachtree Street
Atlanta, GA 30308
Attn: Karen Drake

Date: 02/13/14
Contract No.: GS-04P-10-EX-C-0069
Contr. Name: Renovation of Social Security
Admin Offices Gene Snyder Courthouse

<input type="checkbox"/>	SHOP DRAWINGS	<input type="checkbox"/>	CHANGES
<input type="checkbox"/>	SAMPLES	<input type="checkbox"/>	CHANGE ORDER
<input type="checkbox"/>	PRINTS	<input type="checkbox"/>	BROCHURES
<input type="checkbox"/>	SPECIFICATIONS	<input checked="" type="checkbox"/>	SEE BELOW

We are sending this date the following:

LIST OF ITEMS

No.	By	For	No. Copies
	Grot, Inc.		
	Certified Payroll Reports week ending 2/7/15		2

A These are delivered for the purpose checked below:

<input type="checkbox"/> CORRECTION	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> GEN. INFORMATION	<input type="checkbox"/> DISTRIBUTION
<input type="checkbox"/> PRICING	<input type="checkbox"/> FABRICATION	<input type="checkbox"/> FIELD USE	<input type="checkbox"/> SEE ABOVE

and return _____ of each _____

Sent by:

<input type="checkbox"/>	MESSENGER
<input type="checkbox"/>	UPS
<input type="checkbox"/>	EXPRESS
<input checked="" type="checkbox"/>	MAIL
<input type="checkbox"/>	FAX

(b) (6)

B

Grot, Inc. 355 Price Road Lexington, KY 40511
PHONE - 859-254-3848 FAX 859-254-3847

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 2/7/2015

#148

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	02/02	02/03	02/04	02/05	02/06	02/07	02/01	Tot			Fed.	Local	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Fica Med State	Other Total	Net Pay
		<u>Hours</u>		<u>Pay</u>											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 2/1/2015 and ending 2/7/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)
Name and title	
Angela Lafferty, Payroll Specialist	
The Willful Falsification Of Any Contract Or SubContractor Time	
See Section 1001 Of Title 18 A	
States.	

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 2/7/2015

#148

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	02/02 Mon	02/03 Tue	02/04 Wed	02/05 Thu	02/06 Fri	02/07 Sat	02/01 Sun	Tot			Fed. Med State	Local Other Total	
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 2/1/2015 and ending 2/7/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)

Name and title

Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of The
Contractor Or SubContractor To Civil
See Section 1001 Of Title 18 And Se
States.

GROT, INC. TRANSMITTAL

TO: GSA, PBS, Acquisition Division
Small Projects Branch (4QP)
401 W. Peachtree Street
Atlanta, GA 30308
Attn: Karen Drake

Date: 03/26/15
Contract No.: GS-04P-10-EX-C-0069
Contr. Name: Renovation of Social Security
Admin Offices Gene Snyder Courthouse

<input type="checkbox"/>	SHOP DRAWINGS	<input type="checkbox"/>	CHANGES
<input type="checkbox"/>	SAMPLES	<input type="checkbox"/>	CHANGE ORDER
<input type="checkbox"/>	PRINTS	<input type="checkbox"/>	BROCHURES
<input type="checkbox"/>	SPECIFICATIONS	<input checked="" type="checkbox"/>	SEE BELOW

We are sending this date the following:

LIST OF ITEMS

No.	By	For	No. Copies
	Grot, Inc.		
	Certified Payroll Reports week ending 3/28/15		2

A These are delivered for the purpose checked below:

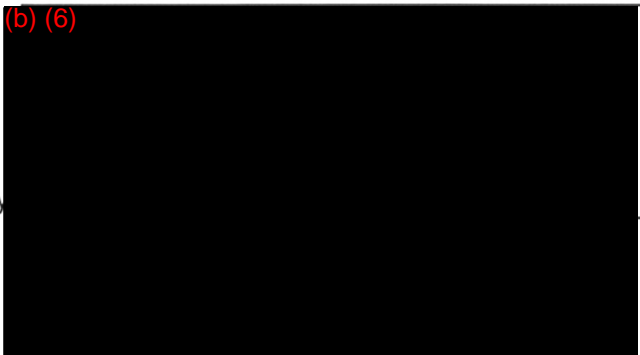
<input type="checkbox"/> CORRECTION	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> GEN. INFORMATION	<input type="checkbox"/> DISTRIBUTION
<input type="checkbox"/> PRICING	<input type="checkbox"/> FABRICATION	<input type="checkbox"/> FIELD USE	<input type="checkbox"/> SEE ABOVE

and return _____ of each

Sent by:

<input type="checkbox"/>	MESSENGER
<input type="checkbox"/>	UPS
<input type="checkbox"/>	EXPRESS
<input checked="" type="checkbox"/>	MAIL
<input type="checkbox"/>	FAX

By



Grot, Inc. 355 Price Road Lexington, KY 40511
PHONE - 859-254-3848 FAX 859-254-3847

Page: 1

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 3/28/2015 #155

[illegible]

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 3/22/2015 and ending 3/28/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

EXPLANATION

(b) (6)

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of
Contractor Or SubContractor To O
See Section 1001 Of Title 18 And
States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 3/28/2015 **#155**

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	03/23	03/24	03/25	03/26	03/27	03/28	03/22	Tot			Fed.	Local	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Med	Other	Net Pay
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 3/22/2015 and ending 3/28/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of
Contractor Or SubContractor To C
See Section 1001 Of Title 18 And
States.

GROT, INC. TRANSMITTAL

TO: GSA, PBS, Acquisition Division
Small Projects Branch (4QP)
401 W. Peachtree Street
Atlanta, GA 30308
Attn: Karen Drake

Date: 04/16/15
Contract No.: GS-04P-10-EX-C-0069
Contr. Name: Renovation of Social Security
Admin Offices Gene Snyder Courthouse

<input type="checkbox"/>	SHOP DRAWINGS	<input type="checkbox"/>	CHANGES
<input type="checkbox"/>	SAMPLES	<input type="checkbox"/>	CHANGE ORDER
<input type="checkbox"/>	PRINTS	<input type="checkbox"/>	BROCHURES
<input type="checkbox"/>	SPECIFICATIONS	<input checked="" type="checkbox"/>	SEE BELOW

We are sending this date the following:

LIST OF ITEMS

No.	By	For	No. Copies
	Grot, Inc.		
	Certified Payroll Reports week ending 4/4, 4/11		2

A These are delivered for the purpose checked below:

<input type="checkbox"/> CORRECTION	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> GEN. INFORMATION	<input type="checkbox"/> DISTRIBUTION
<input type="checkbox"/> PRICING	<input type="checkbox"/> FABRICATION	<input type="checkbox"/> FIELD USE	<input type="checkbox"/> SEE ABOVE

and return _____ of each _____

Sent by:

<input type="checkbox"/>	MESSENGER
<input type="checkbox"/>	UPS
<input type="checkbox"/>	EXPRESS
<input checked="" type="checkbox"/>	MAIL
<input type="checkbox"/>	FAX

Grot, Inc. 355 Price Road
PHONE - 859-254-3848 FAX 859-254-3847

Page: 1

Job Number: 11022
Week Ending: 4/4/2015 #156

Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Contract
Contractor Or SubContractor To
See Section 1001 Of Title 18 And
States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 4/4/2015

#156

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	03/30	03/31	04/01	04/02	04/03	04/04	03/29	Tot			Fed.	Local	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Med	Other	Net Pay
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 3/29/2015 and ending 4/4/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS	(b) (6)
Name and title	
Angela Lafferty, Payroll Specialist	
The Willful Falsification Of Any Contract Or SubContractor To	
See Section 1001 Of Title 18 And	
States.	

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 4/11/2015 **#157**

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	04/06	04/07	04/08	04/09	04/10	04/11	04/05	Tot			Fed. Fica	Local Other	
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Med State	Total	Net Pay
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 4/5/2015 and ending 4/11/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

REMARKS

(b) (6)

Name and title
Angela Lafferty, Payroll Specialist
The Willful Falsification Of Any Of
Contractor Or SubContractor To
See Section 1001 Of Title 18 And
States.

Certified Payroll Register

Page: 1

Job
Gene Snyder Courthouse SSA
601 W. Broadway
Louisville, KY 40202-2238

Contractor
Grot, Inc.
355 Price Road
Lexington, KY 40511

Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022
Week Ending: 4/11/2015

#157

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	-- Deductions --		Check #
	Class	Exemp.	04/06 Mon	04/07 Tue	04/08 Wed	04/09 Thu	04/10 Fri	04/11 Sat	04/05 Sun	Tot			Fed. Fica Med State	Local Other Total	
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1) That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 4/5/2015 and ending 4/11/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT) EXPLANATION

REMARKS	(b) (6)
Name and title	
Angela Lafferty, Payroll Specialist	
The Willful Falsification Of Any O	
Contractor Or SubContractor To C	
See Section 1001 Of Title 18 And	
States.	



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SD

DATE (MM/DD/YYYY)
02/26/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Thames Batre' Insurance P. O. Box 6989 Mobile, AL 36660-0989 Bo Mattei		Phone: 251-473-9000 Fax: 251-473-9010	CONTACT NAME: Sandy Phillips, CIC,CISR,CPIW PHONE (A/C, No, Ext): 251-473-9000 FAX (A/C, No): 251-473-9010 E-MAIL: sandy@thamesbatre.com ADDRESS: PRODUCER CUSTOMER ID #: WITHE-1
INSURED Witherington Construction Corporation 6159 Omni Park Drive Mobile, AL 36695	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: FCCI Insurance Company		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	(b) (4)	03/01/15	03/01/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		(b) (4)	03/01/15	03/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ 10000		(b) (4)	03/01/15	03/01/16	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	(b) (4)	03/01/15	03/01/16	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Eqpt		(b) (4)	03/01/15	03/01/16	Limit 80,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Contract #GS-04P-10-EX-C-0069 - Renovation of Social Security Administration Offices / Gene Snyder Courthouse, Louisville, KY. Grot, Inc., GSA & Cox Allen & Associates, Architects & Consultants are Additional Insureds in respect to General Liability, subject to the attached form, CGL 088 07/10, if required by written contract.

CERTIFICATE HOLDER GROTING General Services Admin. Small Projects Branch 4PQP Contracting Offcr/Wylene Bell 77 Forsyth Street, T - 8 Atlanta, GA 30303	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. (b) (6)
---	--

© 1988-2009 ACORD CORPORATION. All rights reserved.

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/12/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T Insurance Services, Inc. 2600 Eastpoint Parkway (40223) P O Box 436869 Louisville, KY 40253	CONTACT NAME: PHONE (A/C, No, Ext): 502 489-5900		FAX (A/C, No): 866 881-2185
	E-MAIL ADDRESS:		
INSURED Valiant Construction LLC 4229 Bardstown Rd., Ste 206 Louisville, KY 40218	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Amerisure Mutual Insurance Co.		23396
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			(b) (4)	02/01/2015	02/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			(b) (4)	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			(b) (4)	02/01/2015	02/01/2016	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	(b) (4)	02/01/2015	02/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
A	Leased-Rented Eqp			(b) (4)	02/01/2015	02/01/2016	\$300,000 Limit \$500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Project Name: Historic Chimney Repair and Lightwell Faade
Project Location: Gene Snyder U.S. Customs and Courthouse , Louisville, KY
Project Contract Number: GS-04P-15-EX-C-0020
Owner Project Number (if available): RKY00113
Requisition/Purchase Request No. 4PC1N-15-0036A
Valiant Reference Number: V-15-003

CERTIFICATE HOLDER**CANCELLATION**

GSA, PBS, Acquisition Division
Small Projects Branch (4PQP)
77 Forsyth Street
Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(b) (6)

ACORD CORPORATION. All rights reserved.

This page has been left blank intentionally.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

All of the terms, provisions, exclusions, and limitations of the coverage form apply except as specifically stated below.

Policy Number GL20720760502	Agency Number "Refer to Certificate Attached"	Policy Effective Date 02/01/2015
Policy Expiration/Cancellation Date 02/01/2016	Date 3/12/2015	Account Number "Refer to Certificate Attached"
Named Insured Valiant Construction LLC	Agency BB&T Insurance Services, Inc.	Issuing Company "Refer to Certificate Attached"

1. SECTION II - WHO IS AN INSURED is amended to add as an insured any person or organization:

- a. Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
- b. Who is named as an additional insured under this policy on a certificate of insurance.

However, the written contract, written agreement or certificate of insurance must require additional insured status for a time period during the term of this policy and be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" giving rise to a claim under this policy.

If, however, "your work" was commenced under a letter of intent or work order, subject to a subsequent reduction to writing within 30 days from such commencement and with customers whose customary contracts require they be named as additional insureds, we will provide additional insured status as specified in this endorsement.

2. SECTION II - WHO IS AN INSURED is amended to add the following:

If the additional insured is:

- a. An individual, their spouse is also an additional insured.
- b. A partnership or joint venture, members, partners, and their spouses are also additional insureds.
- c. A limited liability company, members and managers are also additional insureds.
- d. An organization other than a partnership, joint venture or limited liability company, executive officers and directors of the organization are also additional insureds. Stockholders are also additional insureds, but only with respect to their liability as stockholders.
- e. A trust, trustees are also insureds, but only with respect to their duties as trustees.

3. The insurance provided to the additional insured under this endorsement is limited as follows:

- a. That person or organization is only an additional insured with respect to liability arising out of:
 - (1) Premises you own, rent, lease, or occupy; or
 - (2) Your ongoing operations, unless the written contract, written agreement or certificate of insurance also requires completed operations coverage (or wording to the same effect), in which case the coverage provided shall extend to your completed operations for that additional insured.

Premises, as respects this provision, shall include common or public areas about such premises if so required in the written contract or written agreement.

Ongoing operations, as respects this provision, does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work including materials, parts or equipment furnished in connection with such work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- b. The limits of insurance applicable to the additional insured are the least of those specified in the:
- (1) Written contract or written agreement;
 - (2) Certificate of insurance; or
 - (3) Declarations of this policy.

The limits of insurance applicable to the additional insured are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- c. The additional insured status provided by this endorsement does not extend beyond the expiration or termination of a premises lease or rental agreement nor beyond the term of this policy.
- d. If a written contract, written agreement or certificate of insurance as outlined above requires that additional insured status be provided by the use of CG 20 10 11 85, then the terms of that endorsement, which are shown below, are incorporated into this endorsement as respects such additional insured, to the extent that such terms do not restrict coverage otherwise provided by this endorsement:

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Copyright, Insurance Services Office, Inc., 1984

CG 20 10 11 85

- e. The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services including but not limited to:
- (1) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, design specifications; and
 - (2) Supervisory, inspection, or engineering services.

- f. **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, paragraph 4. **Other Insurance** is deleted and replaced with the following:

4. Other Insurance.

Any coverage provided in this endorsement is excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent, or on any other basis unless the written contract, written agreement, or certificate of insurance requires that this insurance be primary, in which case this insurance will be primary without contribution from such other insurance available to the additional insured.

This page has been left blank intentionally.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KENTUCKY ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The premium for this endorsement is \$ \$150.00

1. BROAD FORM INSURED

Section II - LIABILITY COVERAGE A.1. WHO IS AN INSURED is amended by the addition of the following:

- d. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or a majority interest, will qualify as a Named Insured. However, -
 - (1) Coverage under this provision is afforded only the end of the policy period, whichever is earlier; and
 - (2) Coverage does not apply to "accidents" or "loss" that occurred before you acquired or formed the organization; and
 - (3) Coverage does not apply to an organization that is an "insured" under any other policy or would be an "insured" but for its termination or the exhausting of its limit of insurance.
- e. Any "employee" of yours using:
 - (1) A covered "auto" you do not own, hire or borrow, or a covered "auto" not owned by the "employee" or a member of his or her household, while performing duties related to the conduct of your business or your personal affairs; or
 - (2) An "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business. However, your "employee" does not qualify as an insured under this paragraph (2) while using a covered "auto" rented from you or from any member of the "employee's" household.
- f. Your members, if you are a limited liability company, while using a covered "auto" you do not own, hire, or borrow, while performing duties related to the conduct of your business or your personal affairs.
- g. Any person or organization with whom you agree in a written contract, written agreement or permit, to provide insurance such as is afforded under this policy, but only with respect to your covered "autos".

This provision does not apply:

 - (1) Unless the written contract or agreement is executed or the permit is issued prior to the "bodily injury" or "property damage";
 - (2) To any person or organization included as an insured by an endorsement or in the Declarations; or
 - (3) To any lessor of "autos" unless:
 - (a) The lease agreement requires you to provide direct primary insurance for the lessor;
 - (b) The "auto" is leased without a driver; and
 - (c) The lease had not expired.

Leased "autos" covered under this provision will be considered covered "autos" you own and not covered "autos" you hire.

Includes copyrighted material of Insurance Services Office, Inc.

- h. Any legally incorporated organization or subsidiary in which you own more than 50% of the voting stock on the effective date of this endorsement.

This provision does not apply to "bodily injury" or "property damage" for which an "insured" is also an insured under any other automobile policy or would be an insured under such a policy, but for its termination or the exhaustion of its limits of insurance, unless such policy was written to apply specifically in excess of this policy.

2. COVERAGE EXTENSIONS - SUPPLEMENTARY PAYMENTS

Section II - LIABILITY COVERAGE, A.2.a. Supplementary Payments, paragraphs (2) and (4) are deleted and replaced with the following:

- (2) Up to \$2500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

3. AMENDED FELLOW EMPLOYEE EXCLUSION

SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS, paragraph 5. **Fellow Employee** is deleted and replaced by the following:

5. Fellow Employee

"Bodily injury" to:

- 1. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business. However, this exclusion does not apply to your "employees" that are officers, managers, supervisors or above. Coverage is excess over any other collectible insurance.
- 2. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of paragraph a. above.

4. HIRED AUTO PHYSICAL DAMAGE COVERAGE AND LOSS OF USE EXPENSE

- A. Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, the following is added:

If any of your owned covered "autos" are covered for Physical Damage, we will provide Physical Damage coverage to "autos" that you or your "employees" hire or borrow, under your name or the "employee's" name, for the purpose of doing your work. We will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the Declarations, Item Three, Schedule of Covered Autos You Own, or on any endorsements amending this schedule. No deductible applies to "loss" caused by fire or lightning.

- B. Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. COVERAGE EXTENSIONS**, paragraph b. **Loss of Use Expenses** is deleted and replaced with the following:

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision, only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss, only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision, only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$30 per day, to a maximum of \$2,000.

- C. Under **SECTION IV – BUSINESS AUTO CONDITIONS**, paragraph **5.b. Other Insurance** is deleted and replaced by the following:
- b. For **Hired Auto Physical Damage Coverage**, the following are deemed to be covered "autos" you own:
1. Any covered "auto" you lease, hire, rent or borrow; and
 2. Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.
- However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto," nor is any "auto" you hire from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

5. LOAN OR LEASE GAP COVERAGE

Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, the following is added:

If a covered "auto" is owned or leased and if we provide Physical Damage Coverage on it, we will pay, in the event of a covered total "loss", any unpaid amount due on the lease or loan for a covered "auto", less:

- (a) The amount paid under the Physical Damage Coverage Section of the policy; and
- (b) Any:
- (1) Overdue lease or loan payments including penalties, interest or other charges resulting from overdue payments at the time of the loss;
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Costs for extended warranties, credit life insurance, health, accident or disability insurance purchased with the loan or lease;
 - (4) Security deposits not refunded by a lessor; and
 - (5) Carry-over balances from previous loans or leases.

6. RENTAL REIMBURSEMENT

SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, paragraph **4. Coverage Extensions** is deleted and replaced by the following:

4. Coverage Extensions

- (a) We will pay up to \$75 per day to a maximum of \$2,000 for transportation expense incurred by you because of covered "loss." We will pay only for those covered "autos" for which you carry Collision Coverage or either Comprehensive Coverage or Specified Causes of Loss Coverage. We will pay for transportation expenses incurred during the period beginning 24 hours after the covered "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss". This coverage is in addition to the otherwise applicable coverage you have on a covered "auto". No deductibles apply to this coverage.
- (b) This coverage does not apply while there is a spare or reserve "auto" available to you for your operation.

7. AIRBAG COVERAGE

SECTION III - PHYSICAL DAMAGE, B. EXCLUSIONS, Paragraph **3.** is deleted and replaced by the following:

We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance:

- a. Wear and tear, freezing, mechanical or electrical breakdown. However, this exclusion does not include the discharge of an airbag.

b. Blowouts, punctures or other road damage to tires.

8. GLASS REPAIR - WAIVER OF DEDUCTIBLE

SECTION III - PHYSICAL DAMAGE COVERAGE, D. DEDUCTIBLE is amended to add the following:

No deductible applies to glass damage if the glass is repaired rather than replaced.

9. COLLISION COVERAGE – WAIVER OF DEDUCTIBLE

SECTION III - PHYSICAL DAMAGE COVERAGE, D. DEDUCTIBLE is amended to add the following:

When there is a “loss” to your covered “auto” insured for Collision Coverage, no deductible will apply if the “loss” was caused by a collision with another “auto” insured by us.

10. KNOWLEDGE OF ACCIDENT

SECTION IV - BUSINESS AUTO CONDITIONS, A. LOSS CONDITIONS, 2. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS, paragraph a. is deleted and replaced by the following:

a. You must see to it that we are notified as soon as practicable of an “accident”, claim, “suit” or “loss”. Knowledge of an “accident”, claim, “suit” or “loss” by your “employees” shall not, in itself, constitute knowledge to you unless one of your partners, executive officers, directors, managers, or members (if you are a limited liability company) has knowledge of the “accident”, claim, “suit” or “loss”. Notice should include:

(1) How, when and where the “accident” or “loss” occurred:

(2) The “insured’s” name and address; and

(3) To the extent possible, the names and addresses of any injured persons and witnesses.

11. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)

SECTION IV - BUSINESS AUTO CONDITIONS A.5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US is deleted and replaced by the following:

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after “accident” or “loss” to impair them. However, if the insured has waived rights to recover through a written contract, or if your work was commenced under a letter of intent or work order, subject to a subsequent reduction in writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

12. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV - BUSINESS AUTO CONDITIONS, B. GENERAL CONDITIONS, 2. CONCEALMENT, MISREPRESENTATION OR FRAUD is amended by the addition of the following:

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in your representations as soon as practicable after its discovery. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

13. BLANKET COVERAGE FOR CERTAIN OPERATIONS IN CONNECTION WITH RAILROADS

When required by written contract or written agreement, the definition of “insured contract” is amended as follows:

The exception contained in paragraph H.3. relating to construction or demolition operations on or within 50 feet of a railroad; and

Paragraph H.a.

are deleted with respect to the use of a covered “auto” in operations for, or affecting, a railroad.

Certified Payroll Register

Job

Gene Snyder USCH Holding Cells
601 West Broadway
Louisville, KY 40202

Contractor

Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer

David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: 2015005

Week Ending: 1/31/2015

-- Deductions --
Fed. Local

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs	(b) (6)
	Class	Exemp.	01/26 Mon	01/27 Tue	01/28 Wed	01/29 Thu	01/30 Fri	01/31 Sat	01/25 Sun	Tot			
Justin A Titus	(b) (5)		R: 8.000	8.000	8.000	8.000	8.000	0.000	0.000	40.000	29.480 ✓	1179.20	
	Electrician										+14.370FR		
	(b) (6)		O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1179.20	
											+0.000FR	40hrs	
	Fringe Rate Amount		(b) (6)										
Shad T Sivori	(b) (6)		R: 8.000	8.000	8.000	8.000	8.000	0.000	0.000	40.000	16.220 ✓	648.80	
											+14.370FR		
	(b) (6)		O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	648.80	
											+0.000FR	40hrs	
	Fringe Rate Amount		PWERG VAC-HOLI (b) (6)										
			Total										

	Hours	Pay
Regular	80.000	1,828.00
Overtime	0.000	0.00
	80.000	1,828.00

POSTED

80 total hours worked

Job

Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor

Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer

David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/31/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/25/2015 and ending 1/31/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

(2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.) That:

(a) ☒ WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS.

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) ☐ WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) EXCEPTIONS

(Craft) Exception ☐☐☐ n ☐☐☐ Explanation

Certified Payroll Register

Page: 3

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/31/2015

Name & Title: Rebecca Reynolds, Payroll Clerk

Signature

(b) (6)

A large black rectangular redaction box covers the signature area, with the text "(b) (6)" printed in red at the top left of the box.

Certified Payroll Register

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/24/2015

-- Deductions --

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs
	Class	Exemp.	01/19 Mon	01/20 Tue	01/21 Wed	01/22 Thu	01/23 Fri	01/24 Sat	01/18 Sun	Tot		
Justin A Titus	(b) (6)		R: 8.000	8.000	8.000	8.000	8.000	0.000	0.000	40.000	29.480 ✓	1179.20
	Electrician										+14.370FR	
	(b) (6)		O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1179.20
											+0.000FR	40hrs

Fringe Rate Amount	AD&D	LIFE	PWERC	STD	VAC-HOLI	Total
(b) (6)						

Shad T Sivori	(b) (6)		R: 8.000	8.000	8.000	8.000	8.000	0.000	0.000	40.000	16.220 ✓	648.80
											+14.370FR	
			O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	648.80
											+0.000FR	40hrs

Fringe Rate Amount	PWERC	VAC-HOLI	Total
(b) (6)			

	Hours	Pay
Regular	80.000	1,828.00
Overtime	0.000	0.00
	80.000	1,828.00

80 total hours worked

POSTED

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/24/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/18/2015 and ending 1/24/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

(2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) ☒ WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS.

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) ☐ WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) C EXCEPTIONS

(Craft) Exception ☐ ☐ ☐ ☐ ☐ ☐ ☐ Explanation

Certified Payroll Register

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/24/2015

Name & Title: Rebecca Reynolds, Payroll Clerk

Signature

(b) (6)

Certified Payroll Register

Page: 1

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/17/2015

-- Deductions --

Name	Soc Sec No.		Hours Worked This Job								Pay Rate	Gross Pay This Job All Jobs
	Class	Exemp.	01/12	01/13	01/14	01/15	01/16	01/17	01/11	Tot		
	Mar		Mon	Tue	Wed	Thu	Fri	Sat	Sun			
Justin A Titus	(b) (6)		R: 8.000	8.000	8.000	8.000	8.000	0.000	0.000	40.000	29.480	1179.20
	Electrician										+14.370FR	
	(b) (6)		D: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1179.20
											+0.000FR	40hrs

Fringe	AD&D	LIFE	PWFRG	STD	VAC-HOLI	Total
Rate	0.006	0.057	12.737	0.100	1.470	14.370
Amount	0.24	2.26	509.49	4.01	58.80	574.80

Shad T Sivori	(b) (6)		(b) (6)								15.000	600.00
											+14.370FR	
											0.000	600.00
											+0.000FR	40hrs

Fringe	PWFRG	VAC-HOLI	Total
Rate	(b) (6)		
Amount			

	Hours	Pay
Regular	80.000	1,779.20
Overtime	0.000	0.00
	80.000	1,779.20

80 total hours worked

POSTED

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/17/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/11/2015 and ending 1/17/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

(2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.) That:
(a) ☒ WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS.
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) ☐ WHERE FRINGE BENEFITS ARE PAID IN CASH
Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) ☐ EXCEPTIONS

(Craft) Exception ☐ ☐ C ☐ ☐ ☐ ☐ Explanation

Certified Payroll Register

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W Breckinridge Street
Lo (b) (6)

Job Number: 2015005
Week Ending: 1/17/2015

Name & Title: Rebecca Reynolds, Payroll Clerk

Signature

(b) (6)

Certified Payroll Register

Job
Gene Snyder USCH Holding Cells
601 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/10/2015

Louisville, KY 40202		Louisville, KY 40214		Louisville, KY 40215		-- Deductions --									
						Fed.		Local							
						Fica		Other		Check #					
						Med									
						State		Total		Net Pay					

	Fringe Rate Amount	AD&D	LIFE	PWFRG	STD	VAC-HOLI	Total				
	(b) (6)	(b) (6)									
Shad T Sivori	(b) (6)	R: 10.000	10.000	10.000	10.000	0.000	0.000	0.000	40.000	15.000 ✓	600.00
										+14.370FR	
		O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	600.00
										+0.000FR	40hrs

	Fringe Rate Amount	PWFRG VAC-HOLI	Total
		(b) (6)	

80 total hours worked

POSTED

Job

Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor

Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer

David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/10/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/4/2015 and ending 1/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

(2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.) That:

(a) ☒ WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS.

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) ☐ WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) EXCEPTIONS

(Craft) Exception ☐☐☐ n ☐☐☐ Explanation

Certified Payroll Register

Page: 3

Job

Gene Snyder USCH Holding Cells
301 West Broadway
Louisville, KY 40202

Contractor

Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer

David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/10/2015

Name & Title: Rebecca Reynolds, Payroll Clerk

Signature

(b) (6)

Certified Payroll Register

Page: 1

Job

Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor

Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer

David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/3/2015

-- Deductions --

Fed. Fica Med State	Local Other Total	Check #
---------------------	-------------------	---------

Name	Soc Sec No. Class	Exemp.	Hours Worked This Job								Tot	Pay Rate	Gross Pay This Job All Jobs	Net Pay
			12/29 Mon	12/30 Tue	12/31 Wed	01/01 Thu	01/02 Fri	01/03 Sat	12/28 Sun					

Justin A Titus	(b) (6)		R: 10.000	10.000	10.000	0.000	0.000	0.000	0.000	30.000	29.480 ✓	884.40	(b) (6)
	Electrician										+14.370FR		
	(b) (6)	O: 0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	884.40	

Fringe	AD&D	LIFE	PWFRG	STD	VAC-HOLI	Total
--------	------	------	-------	-----	----------	-------

Shad T Sivori	(b) (6)		10.000	10.000	10.000	0.000	0.000	0.000	0.000	30.000	15.000 ✓	450.00	(b) (6)
											+14.370FR		
		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	450.00	

Fringe Rate Amount	PWFRG	VAC-HOLI	Total
--------------------	-------	----------	-------

Regular	Hours	Pay
	60.000	1,334.40
Overtime	0.000	0.00
	60.000	1,334.40

60 total hours worked

POSTED

Job
Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005
Week Ending: 1/3/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 12/28/2014 and ending 1/3/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

(2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.) That:

(a) ☐ WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS.

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) ☐ WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) EXCEPTIONS

(Craft) Exception ☐ ☐ C ☐ ☐ ☐ ☐ Explanation

Certified Payroll Register

Page: 3

Job

Gene Snyder USCH Holding Cells
501 West Broadway
Louisville, KY 40202

Contractor

Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer

David Construction
1330 W. Breckinridge Street
Louisville, KY 40212

Job Number: 2015005
Week Ending: 1/3/2015

Name & Title: Rebecca Reynolds, Payroll Clerk

Signature

(b) (6)

Date 3/18/2015

I, DIANA RICHARDSON, ACCOUNTANT
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by WYCLIFFE ENTERPRISES, INC. on the SNYDER CTHSE- CARPET REPLACEMENT
(Contractor or subcontractor) (Building or work)

ROOM 239; that during the payroll period commencing on the 15TH

day of FEBRUARY year 2015 and ending the 21ST day of FEBRUARY year 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

WYCLIFFE ENTERPRISES, INC.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE
DIANA RICHARDSON
ACCOUNTANT

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE INFORMATION IS A VIOLATION OF THE FEDERAL SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL (FOR CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR X OR SUBCONTRACTOR WYCLIFFE ENTERPRISES INC - 669P										ADDRESS 1341 HUGHES FORD ROAD STE 101 FREDERICK MD 21701									
PAYROLL NO. 2				PERIOD BEGIN 02/22/2015 PERIOD END 02/28/2015						PROJECT AND LOCATION GENE SNYDER COURTHOUSE-CARPET LOUISVILLE, KY					PROJECT OR CONTRACT NO. REPLACEMENT RM 239 GSP0415EX5064				
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFI- CATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS PROJ. WEEK	(8) DEDUCTIONS					(9) CHECK NO. ----- NET WAGES PAID FOR WEEK	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FED W/H	STATE TAXES	OTHER	OTHER		TOTAL
			22	23	24	25	26	27	28										
			HOURS WORKED EACH DAY																
(b) (6)		CARPENTER									XXXX	345.06	(b) (6)						
			S	9.00						9.00	38.34	2779.30							
		O																	
		S																	
		O																	
		S																	
		O																	
		S																	
		O																	
		S																	
		O																	
		S																	
		O																	
		S																	
		O																	
		S																	

Date 3/158/2015

I, DIANA RICHARDSON, ACCOUNTANT
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by WYCLIFFE
ENTERPRISES, INC. on the SNYDER CTSE - CARPET REPLACEMENT
(Contractor or subcontractor) (Building or work)
ROOM 239; that during the payroll period commencing on the 22ND

day of FEBRUARY year 2015 and ending the 28TH day of FEBRUARY year 2015
all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or on behalf of said

WYCLIFFE ENTERPRISES, INC.
(Contractor or subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c),
and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein
are not less than the applicable wage rates contained in any wage determination incorporated
into the contract; that the classifications set forth therein for each laborer or mechanic conform
with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau
of Apprenticeship and Training, United States Department of Labor, or if no such recognized
agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United
States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE
DIANA RICHARDSON
ACCOUNTANT

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION
231 OF TITLE 31 OF THE UNITED STATES CODE.



GS-P-04-15-EX-5064

15-028

STATEMENT TO BE SUBMITTED
WHEN WORK IS PERFORMED PERSONALLY

DATE

3-1-15

NAME OF SIGNATORY PARTY <u>CHARLIE GABARD</u>	TITLE OF SIGNATORY PARTY <u>OWNER</u>
NAME OF FIRM SUBMITTING STATEMENT <u>CAPITAL CITY PAINTING</u>	TYPE OF CONTRACTOR <input type="checkbox"/> PRIME <input checked="" type="checkbox"/> SUBCONTRACTOR
NATURE OF WORK <u>painting</u>	NAME OF BUILDING WHERE WORK WAS DONE <u>SNYDER COURT HOUSE USDC RM 239</u>
	LOCATION OF BUILDING (City and State) <u>LOUISVILLE, KY</u>
	CONTRACT NUMBER

DESCRIPTION OF WORK (As the case requires, state all work, or list the specific classes of work)

paint 2-3 coats All Areas

NAME OF PERSON(S) PERFORMING WORK	CONNECTION WITH THE FIRM
<u>CHARLIE GABARD</u>	<u>owner</u>
<u>ANGIE GABARD</u>	<u>owner</u>

I certify that the above information is true; that no wages were received for the labor performed; that no mechanics or laborers were employed in the prosecution thereof; and that the work was done during the period mentioned below.

SIGNATURE <u>(b) (6)</u>	LAST DATE ON WHICH WORK WAS PERFORMED AT THE SITE <u>2-22-15</u>
	TITLE OF SIGNER <u>OWNER</u>

Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedures) shall apply to such statements - 72 Stat. 967, 18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

INSTRUCTIONS FOR THE SUBMISSION OF STATEMENTS OF WORK PERFORMED PERSONALLY

1. Prime contractors or subcontractors who personally perform the work are required to submit in lieu of weekly statements of compliance and payrolls with respect to the payment of wages pursuant to the Copeland (Anti-Kickback) regulations, a certified statement clearly wing: (1) their contractual relationship, (2) the scope and dates of the work performed, (3) that they received no wages, and (3) that no mechanics or laborers were employed in the prosecution of the work. The above form sets forth the wording prescribed for such certified statements.
2. Prime contractors are responsible for the submission of the certified statements of subcontractors. Subcontractors' statements should be forwarded to the prime contractor for transmission to the Government contracting officer or his/her designated representative. Statements of prime contractors and subcontractors should be submitted as soon as possible after the last date on which work was performed at the site.
3. To facilitate identification of the project involved, prime contractors should provide their subcontractors with the Government contract number as called for on the statement form.
4. Prime contractors should furnish their subcontractors with copies of this statement form so as to facilitate submission of the necessary information.

LOUISVILLE OFFICE

03/17/2015

WYCLIFFE ENTERPRISES INC
1341 HUGHES FORD ROAD SUITE 100
FREDERICK, MD 21701

PO Number : FEDERAL COURT HOUSE
Weekending: 02/22/15

TRADESMEN EMPLOYEE

(b) (6)

RINKER, WILLIAM
LANHAM, STEVEN
SNOW, RICHARD

CLASSIFICATION

CARPENTER
CARPENTER
CARPENTER

Weekly Payroll

Name and Address of Employer: Tradesmen International, LLC 9760 Shepard Road, Macedonia, Ohio 44056-1124				Phone: (440) 349-3432				Project Name: FEDERAL COURT HOUSE				Project or Contract No:																																																																
Payroll No: Initial		For Week Ending: 02/22/2015				Fax: (888) 810-4024				Project Location: 7TH AND BROADWAY LOUISVILLE, KY 40202																																																																		
Name, Address Social Security Number and Telephone Number of Employee	Work Classification	No. W/H Exemp	Day and Date							Total Reg OT	Total Hours	Regular or OT Base Rate	Hourly Cash Pay In Lieu Fringe Rate	Total Rate	Gross Amount		Deductions						Net Wages Paid For Week	Check No.																																																				
															Earned		(Based on Gross Amount Earned)																																																											
															This Project	All Projects	Fed Tax	Fica (SocSec)	State Tax	Local Tax	Other	Total Deductions																																																						
			Hours Worked Each Day																																																																									
02/16 02/17 02/18 02/19 02/20 02/21 02/22																																																																												
Mon Tue Wed Thu Fri Sat Sun																																																																												
RINKER, WILLIAM S							CARPENTER							S							8.00							8.00							23.45							14.89							38.34							(b) (6)																				
(b) (6)							O																																																																					
D														8.00														306.72							306.72																																									
LANHAM, STEVEN D							CARPENTER							S							8.50							6.00							14.50							23.45							13.53							36.98																				
(b) (6)							O																																																																					
D														14.50														536.21							536.21																																									
SNOW, RICHARD E							CARPENTER							S							8.00							9.00							6.00							23.00							23.45							14.89							38.34													
(b) (6)							O																																																																					
D														23.00														881.82							881.82																																									
							S																																																																					
							O																																																																					
							D																																																																					
							S																																																																					
							O																																																																					
							D																																																																					
							S																																																																					
							O																																																																					
							D																																																																					
							S																																																																					
							O																																																																					
							D																																																																					

Total Hours: 45.50

Name and Title: Mark Krause, Payroll Auditor
(b) (6)
Signature: (b) (6)

STATEMENT OF COMPLIANCE

Date: 03/17/2015

I, Mark Krause, Payroll Auditor do hereby state:

(1). That I pay or supervise the payment of the persons employed by Tradesmen International, LLC on the FEDERAL COURT HOUSE building or work; that during the payroll period commencing on 02/16/15 and ending on 02/22/15 all persons employed on said project by Tradesmen International, LLC, have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Tradesmen International, LLC, from the full weekly wages earned by any person employed by Tradesmen International, LLC, and that no deductions have been made either directly or indirectly from the full wages earned by any person employed by Tradesmen International, LLC, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357;40 U.S.C 3145), and described below:

(2). That any payrolls otherwise under this contract required to be submitted by Tradesmen International, LLC, for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

(3). That any apprentices employed by Tradesmen International, LLC in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4). That:
(a). WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS ----- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll of Tradesmen International, LLC, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

X (b). WHERE FRINGE BENEFITS ARE PAID IN CASH
Each laborer or mechanic listed in the above referenced payroll of Tradesmen International, LLC, has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c). EXCEPTIONS: ALL CRAFTS
EXPLANATION:

Tradesmen International pays a share of the Health Care Premium, according to the following schedule, directly to Aetna US Healthcare for employees who carry Health Care insurance.		
Employee Health Care Plan: Employer Hourly Contribution		
	Plan A	Plan B
1. Employee	1.36/HR	1.08/HR
2. Employee + 1	2.98/HR	2.31/HR
3. Family	4.22/HR	3.29/HR

Name and Title	Signature
Mark Krause, Payroll Auditor	(b) (6)

The willfull falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See section 1001 of title 18 in section 231 of title 31 of the United States code.